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## **THE HUMAN SERVICES REPORTING SYSTEM**

### **WHAT**

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, the services they receive, and the funds expended. This information meets both state and federal reporting requirements. The system includes two areas of reporting: 1) client specific information, and 2) summary reporting tables.

### **HOW**

The Human Services Reporting System (HSRS) collects client specific data from county agencies either through direct entry to an on-line terminal or through computer communications from local computers to the state mainframe. Suggested forms are included in this manual, but agencies may choose to use their own forms.

### **WHO**

All county Departments of Social Services, Human Services, Community Programs (51.42), and Developmental Disabilities Services (51.437) are required to report.

Clients who fit the following definition are to be reported:

- A. Persons who receive any services classified under the following clusters:  
1) Work Related and Day Services; 2) Community Living Support Services; 3) Community Residential Services; 4) Investigations and Assessments; 5) Community Treatment; 6) Inpatient and Institutional Care; 7) Community Support Programs; 8) Child Day Care; 9) Supported Employment; 10) Institution for Mental Disease; 11) Supportive Home Care; and 12) Specialized Transportation and Escort.
- B. Service is provided by or purchased by a state/county contract agency (i.e., County Department of Human Services (46.23), County Department of Social Services (46.215 and 46.22), County Department of Community Programs (51.42) and County Department of Developmental Disabilities Services (51.437)).
- C. Persons for whom agencies have program responsibility (e.g., authorizing a service, quality assurance activities, monitoring a service specified in a service plan, etc.) including persons for whom no agency funds are used (for example, MH out-of-state emergency inpatient, IDP assessment, board operated IDP self-pay treatment).
- D. Persons who are significant others (e.g., family members) of a focal client (i.e., person having the condition which is the focus of the service) and also receive services.

**NOTES:** Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

Reporting should include all juveniles whose services are paid for by Youth Aids corrections charges as well as persons in State DD centers for whom the county agency has some program responsibility.

Children receiving crisis/respite child day care are the recipients of the service and must be reported. Parents should be reported if receiving another service.

**WHEN - CLIENT SPECIFIC REPORTING**

<b>MODULE</b>	<b>REPORTING FREQUENCY</b>	<b>REOPENING *</b>
CORE	Due at least twice per year by July 31 and the last business day of February of the following year.	1 year
LONG TERM SUPPORT	Due monthly by the last business day of the following month.	1 year
FAMILY SUPPORT PROGRAM	Due annually by the last business day of February of the following year.	1 year
ALCOHOL AND OTHER DRUG ABUSE	Due quarterly by the last business day of April, July, October and February.	1 year
MENTAL HEALTH	Due quarterly by the last business day of April, July, October and February.	6 months
BIRTH TO THREE	Due quarterly by March 30, June 30, September 30, and December 30.	1 year

\* Recommended time period for reopening closed episodes.

Program data entered without optional dates will reflect activity in only one year (Origination Year). If such a program continues into the following year it must be re-entered to record that year's activity. If optional program dates (SPC Start Date and End Date) are used, the program remains open until the Program End Date is entered. In this case no re-entry of the program is necessary. It is expected that agencies reporting on-line will want to continue more frequent (daily or weekly) data entry to avoid keying backlogs and have up-to-date data available.

**WHEN - HSRS EXPENSE REPORTING DDE-942**

Expenditure reports are due annually. January - December expenditures are due March 25<sup>th</sup> of the following year. All reports must be submitted via the Internet at [https://wsp4.state.wi.us/hfs/hsrs/F942\\_943](https://wsp4.state.wi.us/hfs/hsrs/F942_943).

## **SOS DESK**

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

### **SOS DESK**

Hours: 9:00 - 11:30 AM  
12:30 - 2:30 PM  
You may call at other times, leave a message, and someone will return your call at the beginning of the next shift.

Telephone: (608) 266-9198  
E-mail address: [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)  
FAX number: (608) 267-2437  
Address: HSRs SOS Desk  
1 W. Wilson Street  
PO Box 7851, Room 851  
Madison, Wisconsin 53707-7851

## **WISCONSIN HELP DESK**

The WISCONSIN HELP DESK is operated for support and inquiry for any network user concerns or problems. Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The Wisconsin Help Desk should be called whenever a terminal, printer, or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the WISCONSIN HELP DESK.

### **WISCONSIN HELP DESK**

Toll free telephone: (866) 335-2180  
E-mail address: [helpdesk@wi.gov](mailto:helpdesk@wi.gov)  
Web site: <http://www.helpdesk.wi.gov>  
Madison telephone: (608) 261-4400  
TTY: (608) 246-2583



## CORE HUMAN SERVICES REPORTING SYSTEM

<b>CLIENT REGISTRATION - Screen 11</b>				<b>MODULE TYPE 1</b>				<b>Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).</b>				
Episode Key		1 Worker ID				2a Social Security Number			2b Client ID			
3a Last Name				3b First Name		3c Middle Name			3d Suffix	4 Birthdate (mm/dd/yyyy)		5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaskan Native W = White				7 Client Characteristics						

<b>OPTIONAL DATA - Screen 11</b>										
8a Street Address					8b City		8c State	8d ZIP Code	8e County	8f Telephone Number (      )
9 Start Date		10 Case Review Date		11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data

<b>CLIENT SERVICE - Screen 14</b>											
Prog. No. (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date		22 SPC End Date		23 Provider Number	24 SPC Review Date (mm) (yyyy)

**Shaded areas optional.**

\*Days of care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**CORE**  
**HUMAN SERVICES REPORTING SYSTEM**  
**MULTIPLE CLIENTS**

<b>CLIENT REGISTRATION - Screen 11</b>				<b>MODULE TYPE I</b>			<b>Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).</b>		
Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name		3b First Name		3c Middle Name			3d Suffix	4 Birthdate (mm/dd/yyyy) ____ / ____ / ____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native			W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics		

<b>OPTIONAL DATA - Screen 11</b>									
8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ( )
9 Start Date	10 Case Review Date		11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data

<b>CLIENT SERVICE - Screen 14</b>													
Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)		21 SPC Start Date (mm) (dd) (yyyy)		22 SPC End Date (mm) (dd) (yyyy)		23 Provider Number	24 SPC Review Date (mm) (yyyy)	

Shaded areas optional.

\*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11**

Episode Key		1 Worker ID		2a Social Security Number		2b Client ID	
3a Last Name			3b First Name		3c Middle Name		3d Suffix
							4 Birthdate (mm/dd/yyyy) ____ / ____ / ____
5 Sex F M							
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander				7 Client Characteristics	

**OPTIONAL DATA - Screen 11**

8a Street Address			8b City		8c State	8d ZIP Code	8e County	8f Telephone ( )
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data		

**CLIENT SERVICE - Screen 14**

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

**FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11**

Episode Key		1 Worker ID		2a Social Security Number		2b Client ID	
3a Last Name			3b First Name		3c Middle Name		3d Suffix
							4 Birthdate (mm/dd/yyyy) ____ / ____ / ____
5 Sex F M							
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander				7 Client Characteristics	

**OPTIONAL DATA - Screen 11**

8a Street Address			8b City		8c State	8d ZIP Code	8e County	8f Telephone ( )
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data		

**CLIENT SERVICE - Screen 14**

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

\*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: The primary worker assigned to the client; or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

CODES: Enter the ten digit code identifying the primary worker (or provider).

**SOCIAL SECURITY NUMBER (Field 2a)**

OPTIONAL

CODES: Enter the client's 9 digit social security number.

**CLIENT ID (Field 2b)**

REQUIRED - COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 digit number which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

**OR**

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 3a-d)**  
REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

**BIRTHDATE (Field 4)**  
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.  
Example - June 3, 1980 is 06031980.

**SEX (Field 5)**  
REQUIRED

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 6a)**  
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 6b)**  
REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaskan Native:** All persons having origins in any of the original people of North, South and Central America.

## **CLIENT CHARACTERISTICS (Field 7)**

### **REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

**NOTES:** Client characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected.

**CODES:**

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above

## CLIENT CHARACTERISTICS (Field 7) continued

### SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

### CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order)

- 02 **Mental illness** (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 **Serious and persistent mental illness** (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 **Alcohol client** - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 **Drug client** - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 **Blind/visually impaired** - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 **Hard of hearing** - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.



## CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order)

- 09     **Physical disability/mobility impaired** - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10     **Chronic alcoholic** - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12     **Alcohol and other drug client** - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 14     **Family member of mental health client** - Includes family members and other significant persons who live in the household of a mental health client.
- 16     **Family member of alcohol and other drug client** - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.
- 17     **Intoxicated driver** - Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or other offenses specified in Chapter 20, Laws of 1981, or a DOT referral for an irregular driving record.
- 18     **Alzheimer's disease/related dementia** - Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, Irreversible multiinfarct disease, Parkinson's disease, Pick's disease, Progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
- 19     **Developmental disability - brain trauma** - Includes persons who have had a loss of neurological brain function due to an injury or illness.

## CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued

- 23     **Developmental disability - cerebral palsy** - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 25     **Developmental disability - autism** - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 26     **Developmental disability - mental retardation** - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27     **Developmental disability - epilepsy** - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28     **Developmental disability - other or unknown** - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 29     **Family member of developmental disability client** - Includes family members and other significant persons who live in the household of a developmental disability client.
- 32     **Blind/deaf** - Includes people who have both complete impairment in vision **and** complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 33     **Correction/criminal justice system client (adult only)** - Includes persons who are currently involved in some phase of the correctional system including county jails, probation, parole, etc. Coding of this value is required only if known by local agency.
- 36     **Other handicap** - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 39     **Gambling client** - Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits.

## CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued

- 43     **Migrant** - Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin and who reside in quarters other than the employer's home during the period of employment.
- 44     **Refugee** - Includes persons who have fled their native country for fear of persecution.
- 45     **Cuban/Haitian entrant** - Includes all Cubans who arrived in the U.S. between April 2, 1980 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50     **Regular caregiver of dependent person(s)** - Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55     **Frail elderly** - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57     **Abused/neglected elder** - Includes persons who are elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s.46.90.
- 59     **Unmarried parent** - Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61     **CHIPS - abuse and neglect** - Includes children who are, or are alleged to be, abused **and** neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.
- 62     **CHIPS - abuse** - Includes children who are, or are alleged to be, abused. See description of abuse under CHIPS - Abuse and Neglect, code 61.
- 63     **CHIPS - neglect** - Includes children who are, or alleged to be, neglected. See description of neglect under CHIPS - Abuse and Neglect, code 61.

**CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued**

- 64     **Family member of abused/neglected child** - Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under CHIPS - Abuse and Neglect, code 61.
- 66     **Delinquent** - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.
- 68     **CHIPS - other** - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.
- 69     **JIPS - status offender** - Includes children who are alleged to be, or have been found to be status offenders.
- 70     **Family member of CHIPS - status offender** - Includes family members and other significant persons who live in the household of children who are alleged to be, or are status offenders. See descriptions under JIPS, code 69.
- 71     **Victim of domestic abuse** - Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 73     **Family member of delinquent** - Includes family members and other significant persons who live in the household of children who are alleged to be or are delinquent. See description under Delinquent, code 66.
- 74     **Family member of CHIPS - other** - Includes family members and other significant persons who live in the household of children who are alleged to be, or are CHIPS - Other. See description under CHIPS - Other, code 68.
- 79     **Deaf** - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86     **Severe emotional disturbance** - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 99     **None of the above** - Includes persons who do not fall into any other category listed above.

**STREET ADDRESS, CITY, STATE, ZIP, COUNTY, TELEPHONE NUMBER**  
**(Field 8 a-d)**  
OPTIONAL

CODES:                      Address lines 1 and 2 are limited to 55 characters each. City is limited to 52 characters. Zip Code is limited to 9 characters.

**COUNTY OF RESIDENCE CODES (Field 8e)**

<b>Code</b>	<b>County</b>	<b>Code</b>	<b>County</b>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		301	Residency Disputed
		302	State-At-Large
		303	Out-of-State

**START DATE (Field 9)**

OPTIONAL

DEFINITION: The date when a client began contact with the agency or the case was opened for this period of service (episode).

CODES: Enter an 8 digit number in the format of month/day/full year.

**CASE REVIEW DATE (Field 10)**

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

**DIAGNOSIS (Field 11)****OPTIONAL**

**DEFINITION:** The current diagnosis of the client's condition.

**CODES:** The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board Clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<b>CODE</b>	<b>Mental Illness</b>
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic psychoses
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
301	Personality disorders
302	Sexual deviations and disorders
306	Physiological malfunctions arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders following organic brain damage
311	Depressive disorders, not elsewhere classified
312.0	Unsocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere specified
313	Disturbance of emotions specific to childhood and adolescent
314	Hyperkinetic syndrome of childhood
316	Psychic factors associated with diseases classified elsewhere



## DIAGNOSIS (Field 11) - continued

<b>CODE</b>	<b>Developmental Disabilities</b>
299	Psychoses with origin specific to childhood
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy
<b>Alcoholism/Alcohol Abuse</b>	
291	Alcoholic psychoses
303	Alcohol dependent syndrome
305.0	Alcohol abuse
<b>Other Drug Abuse</b>	
292	Drug psychoses
304	Drug dependence
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid type abuse
305.6	Cocaine abuse
305.7	Amphetamine acting abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
<b>Physical Limitations</b>	
359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742	Other congenital anomalies of nervous system
742.3	Congenital hydrocephalus
784	Symptom involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

**DIAGNOSIS (Field 11) - continued**

<b>CODE</b>	<b>Other Disorder</b>
316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition
<b>Presenting Problem</b>	
V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victims of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstance or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Childhood or adolescent antisocial behavior
<b>Administrative Categories</b>	
799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V70.7	Examination for normal comparison or control in clinical research

**CLOSING DATE (Field 12)****OPTIONAL**

**DEFINITION:** The date when the agency discontinued all activity in the case.

**CODES:** Enter the 8 digit date in the format month/day/full year.

**CASE CLOSING REASON (Field 13)**

OPTIONAL

DEFINITION: Reason that best describes why the client's case is being closed.

CODES:

01	Assessment complete/decision not to serve
02	Successful completion
03	Client referred
04	Client no longer wants service
05	Client relocated
06	Death of a client
07	Objectives not attained
08	Noncompliance with the program
09	Service not available
10	Court dismissal
11	Client no longer income eligible
12	Court order expired/client not income eligible
98	Other reason
99	Closed by system (no SPC activity for one year)

**FAMILY ID (Field 14)**

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B. Existing Family ID's which have an X as the second to last character were produced by the system when secondary clients were converted and reflect the former CSIS Primary/Secondary client relationship.

**LOCAL DATA (Field 15)**

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

**STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16)**  
**REQUIRED**

**DEFINITION:** The program category/cluster provided to the client.

**CODES:** SPCs may be reported by SPC Cluster group number, or by individual SPC number. Cluster is sufficient to meet state reporting requirements.

- 100 Child Day Care - crisis/respice
- 101 Child Day Care - crisis/respice
- 104 Supportive Home Care
- 107 Specialized Transportation and Escort
- 300 Community Living/Support Services
  - 102 Adult day care
  - 103 Respite care
  - 106 Housing/energy assistance
  - 110 Daily living skills training
  - (111 Family support)
  - 112 Interpreter services and adaptive equipment
  - (113 Consumer education and training - LTS only)
  - 401 Congregate meals
  - 402 Home delivered meals
  - 404 Family planning
  - 406 Protective payment/guardianship
  - 604 Case management
  - (609 Consumer directed supports - LTS only)
  - (610 Housing counseling - LTS only)
  - (619 Financial management services - LTS only)
- 400 Investigations and Assessments
  - 301 Court intake and studies
  - 603 Intake assessment
- 500 Community Support
  - 509 Community support
  - (510 Comprehensive Community Services – MH and AODA only)
- 600 Work Related Services
  - 108 Work related services
  - (114 Vocational futures planning - LTS only)
  - 706 Day center services - nonmedical

## STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16) - continued

- 615 Supported Employment
- 700 Community Residential Services
  - 201 Adoptions (staff hours are optional)
  - 202 Adult family home
  - 203 Foster home
  - 204 Group home
  - 205 Shelter care
  - 506 Community based residential facility
  - 705 Detoxification - social setting
  - (711 Residential care apartment complex - LTS only)
- 800 Community Treatment Services
  - 303 Juvenile probation and supervision services
  - 304 Juvenile reintegration and aftercare services
  - 305 Restitution
  - 501 Crisis intervention
  - 507 Counseling/therapeutic resources
  - (512 Intensive in-home autism services - LTS only)
  - 704 Day treatment - medical
  - (710 Skilled nursing - LTS only)
- 900 Inpatient and Institutional Care
  - 306 Juvenile correctional institution services
  - 703 Detoxification - hospital setting
  - 503 Inpatient
  - 504 Residential care center
  - 505 DD centers/nursing home
- 925 Institution for Mental Disease

NOTES: Client specific reporting is not required on the following cluster.  
However, it may be used to do so on an optional basis.

- 200 Community Prevention, Access and Outreach
  - 403 Recreational/alternative activities
  - 408 Community prevention, organization and awareness
  - 601 Outreach
  - 602 Information and referral
  - 605 Advocacy and defense resources
  - 606 Health screening and accessibility

Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **100 CHILD DAY CARE - CRISIS/RESPIRE**

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

### **104 SUPPORTIVE HOME CARE**

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and /or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, friendly visiting, and home health care. Includes payments to maintain an individual in the independent living arrangement. Counseling/Psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purposes of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

### **107 SPECIALIZED TRANSPORTATION AND ESCORT**

The provision of transportation and transportation-related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **200 COMMUNITY PREVENTION, ACCESS AND OUTREACH (client reporting is optional)**

The provision of services to populations at risk in the community. Activities include: seeking out persons likely to have a problem which can potentially be alleviated by the delivery of human services; handling individual inquiries for help; providing accessibility to community health programs; providing advocacy and defense resources to ensure rights to fair and just treatment; providing social/recreational integration activities; providing prevention activities to enhance the physical health and improve social and community functioning by making constructive changes in community conditions; providing public information and referral services to satisfy inquiries and to identify specific resources in the human service delivery system.

### **300 COMMUNITY LIVING/SUPPORT SERVICES**

Services providing support to clients in order to maintain a natural living arrangement or aid in the adaptation to physical, or communicative barriers. Skill development, adult day care, meal programs, respite care, interpreter services, adaptive equipment, housing and energy assistance, basic sustenance, monetary resources and the administration and coordination of services are all present in this program cluster.

### **400 INVESTIGATIONS AND ASSESSMENTS**

The provision of service to clients that include: screening, assessment, diagnosis, case planning or determining the existence, or nature of a specific problem. Services include, child abuse and neglect investigation, reports to the court required under Chapters 48, 51, and 55 Wisconsin Statutes, assessments (IDP, COP, CAN) and those activities related to procedures established by juvenile court guidelines.

### **500 COMMUNITY SUPPORT**

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients. These services may occur in natural or supportive service settings delivered by an identified provider and staff to ensure ongoing therapeutic involvement, reduce the disabling effects of mental illness or alcoholism, and assist clients to access and participate in the community.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **600 WORK RELATED AND DAY SERVICES**

Services delivered for the purpose of promoting vocational participation and self-sufficiency. Services may be delivered either in community settings including job placement sites or in rehabilitation facilities (e.g., sheltered work) and may include vocational counseling, or activities which promote participation in work or job placement services. Includes provision of day center services to persons with social, behavioral, mental, developmental, physical or alcohol and drug abuse disorders to develop skills necessary to participate in community life.

### **615 SUPPORTED EMPLOYMENT**

Supported Employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported Employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with serious and persistent mental illness. Excludes welfare employment programs.

### **700 COMMUNITY RESIDENTIAL SERVICES**

The provision of services to clients in licensed foster homes, group homes, shelter care and community-based residential facilities including social detox, as well as to clients in certified adult family homes. Also includes adoption services. Includes any recruitment activity for substitute care placements. Adoption services reported here include: activities to recruit, screen and monitor adoptive family applicants; preparation, placement and supervision of children placed in adoptive family settings; and agency activities undertaken to legally free a child for an agency, independent, relative, stepparent or foreign adoption.

### **800 COMMUNITY TREATMENT SERVICES**

The provision of treatment services in outpatient, and day service-medical settings, as well as supervision of juvenile justice clients in the community.

These include:

1. Services to developmental disability and physical disability clients which are primarily health or treatment oriented for the purpose of ameliorating health problems. This includes occupational and physical therapy, speech and language therapies.
2. Services delivered by mental health outpatient and day treatment programs for the treatment of mental illness. Treatment services are for the purpose of ameliorating the effects of various mental disorders and to improve personal, social and family functioning.



## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

3. The provision of services to youth in the juvenile justice system under formal or informal supervision, or in restitution programs. Services are designed to monitor behavior, prevent continued delinquent activity, strengthen family ties, assist in successful involvement in the community, and fulfill any obligations ordered by the court or other juvenile justice agency.
4. Services delivered by alcohol and other drug abuse outpatient and day treatment programs for the treatment of AODA. Treatment services are designed to improve personal, social, vocational and family functioning and prevent further deterioration of physical health. Includes outpatient services delivered under emergency conditions and methadone maintenance programs. Excludes outpatient assessments.

### **900 INPATIENT AND INSTITUTIONAL CARE**

Services delivered in institutional settings such as state mental health institutes, centers for developmental disabilities, hospitals, CBRFs certified as inpatient treatment programs, nursing homes with a certified AODA extended care component, residential care centers, and juvenile correctional institutions. Services to mentally ill clients in either general hospitals or specialty hospitals for the treatment of nervous or mental disorders or in residential care centers. Inpatient treatment is for the purpose of providing treatment of mental disorders and eventually restoring health, personal and social functioning. Includes admissions for emergencies and evaluations.

Services delivered in four types of institutional settings; hospitals, CBRFs certified as inpatient treatment programs, RCCs and an AODA treatment component and nursing homes with a certified AODA extended care component. The objective of these programs is the treatment of persons with severe AODA dependency designed to improve health and personal, social, vocational and family functioning. Includes admissions for emergencies and evaluations. In the case of extended care, the objective is to assure the protection and safety of persons who exhibit the characteristics listed in the definition of chronic alcohol and other drug abusers allowing clients to stabilize in a safe, healthy, low stress environment which can also address their medical needs.

The objectives of these services are stabilization and/or amelioration of behavioral disorders and active treatment and rehabilitation for enabling return to the community in the shortest possible time. Included are the mandatory benefits of food and housing as well as custodial care, supervision, education and training, and counseling services.

### **925 INSTITUTION FOR MENTAL DISEASE**

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

## **TARGET GROUP (Field 17)**

### **REQUIRED**

**DEFINITION:** Indicate the need and/or problem that best explains the primary reason the client is receiving services in a particular Standard Program Cluster/Category. Target Group describes why this service is being delivered to the client, and thus may vary by service.

**CODES:**

01	Developmental disability
72	Family member/significant other of DD client
31	Mental health (DSS use only)
75	Family member/significant other of mental health client
18	Alcohol and other drug abuse (DSS use only)
74	Family member/significant other of AODA client
57	Physical or sensory disability
76	Family member/significant other of P/SD client
06	Delinquent and status offender
73	Family member/significant other of delinquent/status offender client
58	Adults and elderly
77	Family member/significant other of adult and elderly client
61	Abused and neglected children
78	Family member/significant other of child abuse and neglect client

Note: Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

64 Children and family

## **TARGET GROUP (Field 17) - continued**

### **TARGET GROUP CODE DEFINITIONS**

**01      Developmental Disability**

**72      Family Member/Significant Other of DD Client**

Persons who are served in programs directed at the assessment and supports that permit community participation of a person with a developmental disability (and its effects) including disabilities attributable to cerebral palsy, epilepsy, autism, mental retardation, or another neurological condition closely related to mental retardation, or requiring treatment similar to that required for mental retardation, which has continued, or can be expected to continue, indefinitely and constitutes a substantial handicap. Includes persons with a disability attributable to brain injury if the individual is receiving services under a CIP waiver. Includes Adult Protective Services for persons with a developmental disability.

Includes children in foster or other substitute care who have a developmental disability. Persons whose primary reason for services or supports involve a physical or sensory disability not attributable to one or more of the conditions cited above are excluded from this target group, but may be included in the target group for physical and sensory disability if the services provided are focused on their disability or conditions resulting directly from their disability.

**31      Mental Health**

**75      Family Member/Significant Other of Mental Health Client**

Persons with a mental illness who are served in programs directed at the intake and assessment; case management and supportive services; crisis and emergency detentions; prevention and early intervention; outpatient counseling and therapy (group, family, and individual); day treatment; Community Support Program (CSP); Comprehensive Community Services (CCS); medication; adult protective services; inpatient, residential, nursing home IMD, group home, and related settings for mental illness. Includes services for children in foster or other substitute care who have a mental illness.

**18      Alcohol and/or Other Drug Abuse**

**74      Family Member/Significant Other of AODA Client**

Persons who are served in programs directed at reducing the personal and social effects of Alcohol and Other Drug Abuse (AODA) through prevention, intervention, assessment, and treatment as indicated in HFS 75, including the Intoxicated Driver Program. Includes Adult Protective Services for persons who are served in an AODA program. Includes costs for children in foster or other substitute care who have a chemical dependency or other alcohol or other drug abuse problem.

**TARGET GROUP (Field 17) - continued**

57 **Physical or Sensory Disability**

76 **Family Member/Significant Other of P/SD Client**

Persons under the age of 60, who are served in programs directed at the prevention, assessment, and/or treatment of a physical or sensory disability (and its effects) resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Sensory disabilities include significant or complete impairment of vision or hearing. Includes, but is not limited to, persons whose disability is due to AIDS, cancer, spinal cord injury, polio, muscular dystrophy, multiple sclerosis, Parkinson's and Alzheimer's and other related dementia for persons under age 60. Includes Adult Protective Services for persons with a physical or sensory disability. Includes disabled children in foster or other substitute care who have a physical or sensory disability. Includes persons with a disability attributable to brain injury if the individual is receiving services under the COP-W.

06 **Delinquent and Status Offender**

73 **Family Member/Significant Other of Delinquent/Status Offender**

Persons who are served in programs directed at the prevention or treatment of delinquency and/or the assessment or supervision of juveniles referred to court intake due to allegation or adjudication of delinquency, or who are alleged or adjudged to be in need of protection or services (JIPS) due to any of the following non-criminal behaviors: parental or guardian petition due to the inability to control the juvenile; habitual truancy from school; school dropout; habitual truancy from home; commission of a delinquent act by a juvenile under 10 years of age. Excludes AODA or mental health assessments or treatment by providers meeting standards in administrative rules for such services. For such purposes serving the delinquent or status offender are included under the AODA or Mental Health target group respectively. Staff providing juvenile justice services are included here even if the children are included in other Target Groups (DD, MH, PD, AODA).

58 **Adults and Elderly**

77 **Family Member/Significant Other of Adults and Elderly Client**

Persons age 60 and over who are served in programs directed at prevention, assessment or services to improve physical or social functioning or to assist with activities of daily living; to preserve or restore the ability to live in a home like environment, or the ability to participate in community activities. Includes specialized transportation for persons over age 60 and all Older Americans Act services. Includes persons age 60 and over served because of Alzheimer's and other related dementia. Includes frail elderly and others age 60 and over who are being served for reasons other than alcohol and other drug abuse, developmental disabilities, or mental illness. **FOR THE LONG TERM SUPPORT MODULE, the federal definition is age 65 and over.**

## **TARGET GROUP (Field 17) – continued**

### **TARGET GROUP CODE DEFINITIONS - continued**

**61 Abused and Neglected Children**

**78 Family Member/Significant Other of CAN Client**

Persons who are served in programs directed at the prevention, investigation, or treatment of child abuse and neglect. Abuse includes physical, sexual and/or emotional damage. Includes services for child abuse report intake, child abuse investigations/initial assessments, safety assessments and plans, family preservation services, ongoing child protective services to families, out of home placement for children, family reunification, public adoptions, independent living services for youth, and reports to the court. Parents, abusers, children, and collaterals (including reporters) may all be members of this target group if they otherwise meet the target group criteria. Persons receiving mental health, alcohol or drug abuse, development disability or juvenile justice services are members of other target groups depending upon the specific rule involved, although child abuse and neglect services should be reported under this target population. Includes provision of public information on the subject of child abuse and child neglect.

Note: Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

**64 Children and Family**

Persons who are served in programs directed at the prevention of family breakup, youth development, and improved family functioning. Includes prevention of abuse and neglect, family support, unwed parents, homemaker services to improve home and financial management, home visiting services, family resource centers, crisis/respice child care, domestic violence services and youth development services. Excludes: 1) children with physical disabilities classified under Physical and Sensory Disabilities; 2) status offenders classified under Delinquent/Status offender target group; 3) persons receiving child abuse and neglect services under the Abused and Neglected children target group; 4) persons receiving AODA or Mental Health assessments or treatment by providers meeting standards in Administrative Rules for such services. For such purposes, the child or family member is classified under the AODA or Mental Health target group respectively.

**DAYS OF CARE (Field 18)****REQUIRED**

**DEFINITION:** The number of days of care provided in the following SPC Clusters:

- 700 Community Residential Services
- 900 Inpatient and Institutional Care
- 925 Institution for Mental Disease

**NOTES:** A worker whose only role is that of making and supporting a community residential, inpatient, or institutional placement may use these SPC clusters. Zeroes will default in Field 18 reflecting no contribution by the agency to the actual cost of treatment.

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

**OTHER UNITS (Field 19)****OPTIONAL**

**DEFINITION:** The number of program activity units the client has received other than days of care which are reported elsewhere. The type of units reported is at each agency's discretion and will have only local meaning.

**CODES:** The appropriate number of units. This is a five digit field with a maximum of two decimal places.

**DELIVERY MONTH/YEAR (Field 20)****OPTIONAL**

**DEFINITION:** The month and year during which units of an SPC were delivered. If SPC Start and End Dates are not used, it is the year of delivery of this SPC.

**CODES:** Enter a 6 digit number in the format month/full year.

**SPC START DATE (Field 21)**

OPTIONAL

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter the 8 digit number in the format month/day/full year.

**SPC END DATE (Field 22)**

OPTIONAL

DEFINITION: The date on which service in this SPC ended.

CODES: Enter the 8 digit number in the format month/day/full year.

NOTE: If SPC Start Date and End Date are not entered, the SPCs must be reentered each year. If the entry is made after the year is past then delivery Month/Year must be coded to record the SPCs for the prior year.

**PROVIDER NUMBER (Field 23)**

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by calling the SOS Desk.

**SPC REVIEW DATE (Field 24)**

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

## **FAMILY SUPPORT PROGRAM MODULE**

### **GENERAL INFORMATION**

The Family Support Program assists families who have a child with severe disabilities living at home. The program provides a staff person in each service area to work with families helping them gain access to services and resources they need. In addition, limited funding of up to \$3,000 annually based on an individual family service plan may be available to eligible families to purchase those things that are needed that cannot be purchased through other sources. Family Support funds may be used for a wide range of services and goods based on the unique needs of each family. Parents play a major role in determining what is needed and purchased with FSP funds. The program is designed to meet the needs of the whole family, not just the children with a disability.

Reporting for the Family Support Program is required by s.46.985(3)(f), Wis. Stats. and HSS 65.05(9) Administrative Rules. Data from the reports provides information about the children and families served including the level of need of each child and information about risk factors in the family. In addition, the reporting tracks the use of Family Support dollars and shows other programs that families are using.

Data retrieved from these reports are used in preparation of the annual report for the Family Support Program required by s.46.985(2)(e), to be submitted to the governor and each house of the legislature. In addition, information from the FSP module is used for the purposes of planning for this and other programs serving children with disabilities at both the state and local levels. These data are used in development of county and state budget proposals and are made available upon request to other units of state and county government, community programs, and advocacy groups.

### **REPORTING FREQUENCY**

Data from the FSP module must be entered at least once annually at the close of books after each calendar year. There is no requirement for monthly or semiannual updates, although the option to use the system on a monthly basis is available to counties.

The module provides the option for local agencies to monitor actual expenditures for each family on a monthly basis. An agency could use the system in this way to keep track of individual family and overall program service plans and to plan for expenditure of any unspent funds in the last quarter of the fiscal year.

Case Managers may begin to gather information at the time of the initial assessment and development of the service plan and/or at the six month review date. Basic information regarding the child and family remains on the system from year to year unless changes occur that require the information to be updated. Information that is required to be entered annually at the end of each year are the questions in Fields 28, 29, and 37.

### **Family Support Module Key**

The FSP module key is computer generated and identifies the case (child) and all the information associated with it. As the child is entered for the first time on the Family Support module, the module key will be created and displayed on the screen. This screen may be printed to be used as an updateable document. The module key should be used to enter any changed information on the module. Its primary advantage is that it has fewer characters to enter than the child's name, birthdate, and sex or the Client ID.



## HSRS FAMILY SUPPORT PROGRAM MODULE

### Child and Family Information

#### Screen 59 New or 84 Update

#### MODULE TYPE 5

<b>1</b> Worker ID		<b>2</b> Client ID		<b>3</b> MA Number / Social Security Number	
<b>4a</b> Last Name		<b>4b</b> First Name		<b>4c</b> Middle Name	<b>4d</b> Suffix
<b>5</b> Birthdate (mm/dd/yyyy)	<b>6</b> Sex F M	<b>7a</b> Hispanic / Latino Y = Yes N = No	<b>7b</b> Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		
<b>(Module Key: )</b>					
<b>8</b> Start Date	<b>9</b> End Date	<b>10</b> Closing Reason	<b>11</b> Alternate Care Type (Required if closing reason is 44) 1 Foster care 2 Group home 3 Residential care center 4 Center developmentally disabled 5 Mental health institute 6 Nursing home		
<b>12</b> Client Characteristics	<b>13</b> Diagnosis				
<b>14</b> Assistance Needed for Personal Care 1 Child unable to help him / herself 2 Child needs assistance with some activities 3 Child does not need assistance			<b>15</b> Limitations in Mobility 1 Child cannot walk 2 Child needs assistance in walking 3 Child does not need assistance in walking		
<b>16</b> Limitations in Verbal Skills 1 Child is nonverbal 2 Child has very limited verbal skills 3 Child is fully verbal			<b>17</b> Limitations in Cognitive Abilities 1 Child has severe developmental delays 2 Child has moderate / mild developmental delays 3 Child has no cognitive delays		
<b>18</b> Emotional / Behavioral Issues 1 Child presents significant behavioral challenges 2 Child presents minor behavioral challenges 3 Child has no behavioral challenges			<b>19</b> Medical Needs 1 Apnea monitor 2 Gastrostomy / tube feed 3 Tracheotomy 4 Oxygen dependent 5 Heart monitor 6 Acute psychiatric episode 7 Ongoing medications 8 Degenerative disorder 9 Surgery this year 10 Hospitalization this year		
<b>20</b> Family ID	<b>21</b> Number of Caregivers	<b>22</b> Adopted Child Yes No	<b>23</b> Parent's Special Needs 1 Developmentally disabled 2 AODA 3 Mentally ill 4 Physically disabled 5 Medical condition		
<b>24</b> Income Range 1 0 - 10,000 2 10,001 - 15,000 3 15,001 - 20,000 4 20,001 - 30,000 5 30,001 - 40,000 6 40,001 +					<b>25</b> Family Cost Share

#### Screen 79

<b>26</b> Has child returned from alternate care? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enter alternate care type: 1 Foster care 4 Center for developmentally disabled 2 Group home 5 Mental health institute 3 Child caring institution 6 Nursing home					
<b>27</b> Reporting Year Registration 0000	<b>28</b> Has family considered out of home placement? Yes No		<b>29</b> Is family in a crisis situation? Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		

## EXPENDITURES FOR FAMILY SUPPORT SERVICES

<b>Screen 93 (Module Key: _____ )</b>								<b>30</b> Next Review Date
<b>31</b> Other Programs Used 2 BCPN      4 SSI-E      6 Birth to 3 3 SSI      5 Katie Beckett			<b>32</b> Voluntary Resources 1 _____ 2 _____					<b>33</b> Target Group*  * Refer to deskcard
Prog. No.	<b>34</b> Subprogram	<b>35</b> Estimated Annual Costs	<b>36</b> Cost Code A - Add S - Subtract R - Replace	<b>37</b> Actual Costs	<b>38</b> Delivery (mm) (yyyy)	<b>39</b> Service Start Date	<b>40</b> Service End Date	<b>41</b> Provider Number
	A Architectural modification of home							
	B Child care							
	C Counseling / therapeutic resources							
	D Dental and medical care not otherwise covered							
	E Diagnosis and evaluation - specialized							
	F Diet, nutrition and clothing - specialized							
	G Equipment / supplies - specialized							
	H Homemaker services							
	I In-home nursing services - attendant care							
	J Home training / parent courses							
	K Recreation / alternative activities							
	L Respite care							
	M Transportation							
	N Utility costs - specialized							
	O Vehicle modification							
	P Other, as approved by DHFS							

**42** Subprogram P, text:

\* Refer to deskcard

**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: The worker collecting the Family Support Program data on the client.

CODES: Enter the ten digit code identifying the person collecting the data on the client.

NOTES: Must be 10 numbers. Must be a valid number from the HSRS worker file, or provider file.

This field is used for the sorting and distribution of output reports.

**CLIENT ID (Field 2)**

REQUIRED, COMPUTER GENERATED

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three elements: full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if name is reported.

**OR**

Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.

The ID will be generated and returned to you on the terminal screen. Copy ID down or print out the screen. Once the ID number is generated, use it on all future input.

**MA OR SOCIAL SECURITY NUMBER (Field 3)**

REQUIRED, IF APPLICABLE; SOCIAL SECURITY NUMBER IS OPTIONAL.

DEFINITION: The Medical Assistance identification number or Social Security number which has been assigned to this client.

CODES: Enter the client's 10 digit Medical Assistance number or the 9 digit Social Security number.

NOTES: If the child is eligible for Medical Assistance, enter the MA number.

Enter the Social Security number only when the MA number is not available.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a, 4b, 4c, 4d)**  
REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the child. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the child. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes or spaces between letters, or any other punctuation marks are accepted.

**BIRTHDATE (Field 5)**  
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year. Example - June 3, 1980 is 06032004.

NOTES: Clients over age 24 are not allowed in the program.

**SEX (Field 6)**  
REQUIRED

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**  
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 7b)**  
**REQUIRED**

**DEFINITION:** The race of the client as determined by the client. Code as many as apply up to all five.

**CODES:** A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaska Native:** All persons having origins in any of the original peoples of North, South and Central America.

**START DATE (Field 8)**  
**REQUIRED**

**DEFINITION:** The date when the Family Support case was opened.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**NOTES:** The date the agency chooses to enter may be the date of the initial needs assessment, the date the family signs the service plan agreement or the date that services actually begin. The service manager has the option to choose whichever date is useful for records.

**END DATE (Field 9)**  
REQUIRED

DEFINITION: The date the Family Support case is closed.

CODES: Enter the 8 digits representing the month/day/full year the case was closed.

NOTES: Must be 8 digits; must be earlier than or equal to the current date.

**CLOSING REASON (Field 10)**  
REQUIRED

DEFINITION: The reason the case is being closed.

CODES: Enter the code that best describes why the client will no longer receive FSP funded services.

- 06 Death of a child
- 36 Insufficient funds to provide needed services
- 37 Child at home but family doesn't need services
- 38 Family no longer wants service
- 40 Temporary interruption in Family Support service
- 42 Family referred to other program(s)
- 43 Family relocated
- 44 Child placed in alternate care
- 45 Child no longer meets eligibility
- 46 Child transitions to adult living arrangement

NOTES: Must be one of the above codes. Initial entries (new) cannot be zeros (00). Zeros (00) can only be used to update previously entered codes for the purpose of reopening the case.

**ALTERNATE CARE TYPE (Field 11)**  
REQUIRED, WHEN CODE 44 IN FIELD 10 IS ENTERED.

DEFINITION: The type of alternate care in which the child is placed at termination of FSP services.

- CODES:
- 1 = Foster care
  - 2 = Group home
  - 3 = Residential care center
  - 4 = Center for developmentally disabled
  - 5 = Mental health institute
  - 6 = Nursing home

## CLIENT CHARACTERISTICS (Field 12)

### REQUIRED

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

**CODES:** Enter up to three codes from the list below that best describe the child.

- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 85 Severe health impairments
- 86 Severe emotional disturbance
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect

**NOTES:** At least one code must be entered in the first space. The code representing the client's primary need should be put in the first position. The code definition for 85 follows. The remaining code definitions can be found in the HSRS CORE Client Characteristics section of this handbook.

## CLIENT CHARACTERISTICS CODE DEFINITIONS

- 85 **Severe health impairments** - Includes disorders of growth, eating, digestion, skeletal, muscular, cardiovascular, respiratory, biochemical, and others which result or are likely to result in severe delays in one or more areas of the child's development.

**DIAGNOSIS (Field 13)****OPTIONAL**

DEFINITION: The disability of the child as described by the physician.

CODES: Enter in narrative form the physician's description of the child's disability(ies). Enter up to 30 characters.

**ASSISTANCE FOR PERSONAL CARE (Field 14)****REQUIRED**

DEFINITION: The level of assistance required by the child to perform self-care skills such as bathing, feeding, toileting. Ability to perform tasks related to self-care should be considered in relation to what is normally considered appropriate to the child's age.

CODES: Enter one code from the list below which best describes the level of care needed by the child.

- 1 Child unable to help him/herself
- 2 Child needs assistance with some activities
- 3 Does not need assistance

**LIMITATIONS IN MOBILITY (Field 15)**

DEFINITION: The level of assistance required by the child to perform gross motor activities which are considered appropriate to the child's age. For a child above 2 years old, gross motor activities can be measured by the ability to walk.

CODES: Enter one code from the list below which best describes the level of care needed by the child in performing gross motor activities.

- 1 Child cannot walk
- 2 Child needs assistance in walking
- 3 Does not need assistance in walking

NOTES: The use of the lay person's description of walking for gross motor activities is maintained in the codes as a shorthand for describing problems that occur when children are unable or delayed in physical development. For infants and toddlers, such physical delays or problems should also be coded in this shorthand. For example, if a child under 2 is able to perform gross motor skills appropriate to the child's age and the expectation is that the child will be able to walk by about age 2, enter code 3 (does not need assistance in walking).



**LIMITATIONS IN VERBAL SKILLS (Field 16)**  
**REQUIRED**

**DEFINITION:** The ability to communicate vocally at a level appropriate to the child's age.

**CODES:** Enter one code from the list below which best describes the level of verbal ability of the child.

- 1 Child is nonverbal
- 2 Child has very limited verbal skills
- 3 Child is fully verbal

**NOTES:** If a child is under 2 years old and uses age appropriate sounds to communicate (such as crying or cooing), enter code number 3 - child is fully verbal, meaning that communication is appropriate to the child's age level.

**LIMITATIONS IN COGNITIVE ABILITIES (Field 17)**  
**REQUIRED**

**DEFINITION:** The ability to function intellectually concurrent with adaptive behavior. A generalized understanding of cognitive abilities is based on major considerations for determination of mental retardation used by the public schools.

**CODES:** Enter one code from the list below which best describes the level of cognitive ability of the child.

- 1 Child has severe developmental delays
- 2 Child has moderate/mild developmental delays
- 3 No cognitive delays

**NOTES:** For children under the age of 3, cognitive delays may be measured by developmental milestones appropriate to the age of the child.

**EMOTIONAL/BEHAVIORAL ISSUES (Field 18)**  
REQUIRED

**DEFINITION:** Emotional, social, and behavioral functioning that significantly interferes with the child's development including learning and developing skills in social interactions and interpersonal relationships.

**CODES:** Enter one code from the list below which best describes the emotional/behavioral condition of the child.

- 1 Child presents significant behavioral challenges
- 2 Child presents minor behavioral challenges
- 3 No behavioral challenges

**MEDICAL NEEDS (Field 19)**  
REQUIRED, WHEN APPLICABLE

**DEFINITION:** The child has a condition which requires medical interventions including the ongoing use of technological supports and/or medications.

**CODES:** Enter up to 6 applicable codes from the list below which describe the medical interventions used to assist the child.

- 1 Apnea monitor
- 2 Gastrostomy/tube feed
- 3 Tracheotomy
- 4 Oxygen dependent
- 5 Heart monitor
- 6 Acute psychiatric episode
- 7 Ongoing medication
- 8 Degenerative disorder
- 9 Surgery this year
- 10 Hospitalization this year

**FAMILY ID (Field 20)**

REQUIRED, WHEN THERE IS MORE THAN ONE CHILD WITH DISABILITIES IN THE FAMILY.

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

NOTES: If there is more than one case manager in the agency, the Family Support Program coordinator or the case management supervisor should assign the numbers to all families who have more than one disabled child to avoid duplication of numbers for different families.

**NUMBER OF CAREGIVERS (Field 21)**

REQUIRED

DEFINITION: The number of people in the household who are responsible for caring for the child with disabilities.

CODES: Enter either 1 or 2.

NOTES: Usually those people considered responsible for the child are the parents. If only one parent is in the home and available for the care of the child overall, then enter 1. If there are two parents or surrogate parents, enter 2.

**ADOPTED CHILD (Field 22)**

REQUIRED

DEFINITION: The child has been adopted or will be adopted in the next 6 months by the family with whom the child is living.

CODES: Y = Yes  
N = No

NOTES: If the child is with natural parents code No.

**PARENTS' SPECIAL NEEDS (Field 23)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: Conditions of the parent or parents which make the care of a child with disabilities difficult or more complicated.

CODES: Enter up to 3 applicable codes from the list below which describe the condition of one or both parents.

- 1 Developmentally disabled
- 2 Alcohol and other drug abuse
- 3 Mentally disabled
- 4 Physically disabled
- 5 Medical condition

NOTES: One or more codes may be entered regardless of whether or not the parent is receiving services as a result of their special needs.

**INCOME RANGE (Field 24)**

REQUIRED

DEFINITION: The annual income of the parent(s) responsible for the care of the child. Assets are not included.

CODES: Enter the range of income in which the family falls on the list below.

- 1 \$ 0 - 10,000
- 2 \$10,001 - 15,000
- 3 \$15,001 - 20,000
- 4 \$20,001 - 30,000
- 5 \$30,001 - 40,000
- 6 \$40,001 +

NOTES: The income of the family will be recorded on line 14 of the Ability to Pay - Worksheet 1, when this cost sharing form, DDE-939, is completed for the family.

**FAMILY COST SHARE (Field 25)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: The family's annual share of the cost of Family Support services.

CODES: Enter up to 5 digits representing the whole dollar amount that is the family's annual share of the cost of Family Support services.

NOTES: The family's cost share will be recorded either on line 22 or line 26 of the Ability to Pay - Worksheet 1, DDE-939. The system defaults to zero.

**HAS CHILD RETURNED FROM ALTERNATE CARE? (Field 26)**  
REQUIRED, AT THE TIME OF REGISTRATION

**DEFINITION:** The alternate care placement history of the child this last year or sometime in the past. The child has returned from an out of home placement in a foster home, group home, or residential care center or from a state center for the developmentally disabled, a mental health institute, or nursing home.

**CODES:** Y = Yes  
N = No

If Yes is entered, enter one code from the list below which describes the type of alternate care from which the child has returned.

- 1 Foster care
- 2 Group home
- 3 Residential care center
- 4 Center for developmentally disabled
- 5 Mental health institute
- 6 Nursing home

**NOTES:** At registration record the alternate care placement history. If the child has **ever** been placed in alternate care in the year prior to registration or anytime in the past, enter Yes and the type of alternate care used.

**REPORTING YEAR (Field 27)**  
REQUIRED

**DEFINITION:** This field identifies the year for the questions in Fields 28 and 29, and is to be used at the time of registration and each year for year end reporting.

**CODES:** Enter the 4 digit year only, not month and day.

**NOTES:** Registration year is shown as 0000. The questions for registration are answered at the time a family enters the program. Once a family is participating in the program, the questions should be answered at the end of each year in which the family has received services. If a family starts the program in June 2006, questions in 28 and 29 would be answered both at the time of registration (year 0000) and then the end of service year (2006).

**HAS THE FAMILY CONSIDERED OUT OF HOME PLACEMENT? (Field 28)**  
REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

DEFINITION: The family has talked about the possibility that they might be unable to maintain the child at home and therefore, have thought about placing the child in alternate care.

CODES: Y = Yes  
N = No

At the time of registration, enter Yes if the parents have **expressed** concern at that time or sometime in the past that they may need to place the child. (Yes may be entered even if the parents have not sought admission to out of home placement for the child.) In subsequent years answer the question for each year at the end of the reporting year.

**IS THE FAMILY IN A CRISIS SITUATION? (Field 29)**  
REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

DEFINITION: A period of time marked by high stress in the family. The stress may be caused by one or a number of factors including but not limited to: marital problems, poverty, single parent caring for child, more than one child with disability, child has a terminal condition, etc. The stress may be exaggerated by circumstances such as illness, birth of a child, divorce, etc. Worker judgment should be used in determining whether the family is experiencing crisis at the time of entry to the program or during the reporting year.

CODES: Y = Yes  
N = No

NOTES: At registration enter Yes if the family was experiencing crisis at the time of entry to the program or anytime in the past. In subsequent years enter Yes if the family was experiencing crisis during the reporting year.

**NEXT REVIEW DATE (Field 30)**  
OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

**OTHER PROGRAMS USED (Field 31)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: Service and programs used by the family, other than Family Support, during the reporting year.

CODES: Enter all applicable codes from the list below which show the programs for which the child and/or family is eligible during all or part of the reporting year.

2	BCPN	Bureau for Children With Physical Needs
3	SSI	Supplemental security income
4	SSI-E	SSI with the exceptional rate
5	Katie Beckett	Medical Assistance (MA) without regard to the income of parents
6	Birth to 3	Early intervention program for children ages birth to 3 years

NOTES: Only one SSI program may be coded, not both.

**VOLUNTARY RESOURCES (Field 32)**

OPTIONAL

DEFINITION: Voluntary community resources used to assist the family other than Family Support services and the programs listed under OTHER PROGRAMS USED.

CODES: Enter up to 2 written descriptions of other resources used. Enter up to 20 characters in each description.

NOTES: Examples of voluntary community resources include Easter Seals, church fund raisers, telethon, etc. Do not list other public programs such as public school special education or county provided services such as Respite or Birth to 3 early intervention. Do not list private insurance.

**TARGET GROUP (Field 33)**

REQUIRED - THE FIRST TIME A REPORT IS FILED FOR THE PARTICIPANT, WHEN A SUBPROGRAM IS ADDED, AND WHENEVER THERE IS AN UPDATE TO TARGET GROUP.

DEFINITION: Indicates the need and/or problem that best explains the primary reason the child is receiving services.

CODES:           01     Developmental disability  
                  31     Mental health  
                  57     Physical or sensory disability

NOTES:           Enter appropriate code the first time a report is made for a Family Support participant and whenever there is an update.

The code definitions can be found in the HSRS CORE Target Group section of this handbook.

**SUBPROGRAM (Field 34)**

REQUIRED - ANNUALLY FOR EACH SUBPROGRAM IN WHICH SERVICES WERE DELIVERED TO THE FAMILY.

DEFINITION:     The services used by the family that are funded by Family Support.

CODES:           Use the line on the form with the appropriate subprogram.

A     Architectural modifications of home  
B     Child care  
C     Counseling/therapeutic resources  
D     Dental/medical care not otherwise covered  
E     Diagnosis and evaluation - specialized  
F     Diet, nutrition, and clothing - specialized  
G     Equipment/supplies - specialized  
H     Homemaker services  
I     In-home nursing services/attendant care  
J     Home training/parent courses  
K     Recreation/alternative activities  
L     Respite care  
M     Transportation  
N     Utility costs - specialized  
O     Vehicle modification  
P     Other as approved by DHFS



## SUBPROGRAM CODE DEFINITIONS

The Family Support Program provides funding to families to purchase supportive services and goods not covered through other funding sources. The program is based on the belief that parents of children with severe handicaps know their own needs and those of their disabled child. For this reason, and because of the individuality of each family, goods and services available through the program have been very broadly defined, leaving considerable leeway for families to choose whatever will help to maintain the child in their home. Any service, or any portion of a service, that is documented as needed in a family's service plan, and that is approved by the administering agency, may be funded within the following categories:

- A **Architectural Modifications of the Home** - Examples include ramps, door widening, room additions, room divider, stairglide, backyard fence, bathroom modifications for accessibility, ceiling lift system, elevator parts, pulley for outdoor ramp.
- B **Child Care** - For example, after school programs, child day care costs, or a family's share of such costs, child care for siblings so parents could spend time alone with their child who has a disability.
- C **Counseling/Therapeutic Resources** - For example, occupational, physical, speech and behavior management therapies for the child with disabilities, other counseling and therapeutic resources for the child and other family members.
- D **Dental/Medical Care Not Otherwise Covered** - For example, costs for dental care not covered by the family's insurance or Medical Assistance, costs for insurance premiums.
- E **Diagnosis and Evaluation-Specialized** - For example, specialized diagnosis or evaluation of the child, genetic counseling for the parents and siblings.
- F **Diet, Nutrition, and Clothing-Specialized** - For example, specially prepared foods, specially made clothes and footwear, also includes clothes needing replacement often due to the child's special needs.
- G **Equipment/Supplies-Specialized** - For example, equipment personal to the child such as positioning boards and special chairs, water or hospital beds, computers or communication boards, and also specialized household equipment such as an air conditioning unit or air purifier to help a child who has breathing problems, intercom for nap or nighttime monitoring, etc. Also includes equipment to help the child participate in family activities such as a large bicycle trailer or car seats so the child can attend family outings.
- H **Homemaker Services** - Examples include home chores, cooking, cleaning and managing finances.
- I **In-Home Nursing Services/Attendant Care** - For example, help in feeding a child who requires four hours a day to feed, attendant services for a young adult, help with bathing.
- J **Home Training/Parent Courses** - Includes training provided to parents in or out of the home, for such things as behavior management, advocacy for the child, helping the child to toilet train, teaching therapy skills, etc.
- K **Recreation/Alternative Activities** - Includes primarily those activities aimed at the social integration of the child. For example, fees for community recreation programs, scouting programs and may also include recreation opportunities for the family as a whole. Examples are family membership in the local YMCA or Boys Club and program fee for family recreation or camping.

## **SUBPROGRAM CODE DEFINITIONS - continued**

- L     **Respite Care**** - Includes services provided in or out of the home to relieve the parents of the continued stress of caring for the child. May also include recreational activities of the family with the child (e.g., if a family is unwilling to leave their child in another's care because of the child's special needs, respite may be purchased for the family as a whole).
- M     **Transportation**** - Includes gas (or mileage), food and lodging, which follows standard county or state guidelines for use. Transportation may be used for trips to doctors, local recreation programs and other community activities.
- N     **Utility Costs-Specialized:**** Includes long-distance telephone calls to doctors and other resources, supplemental heating and air conditioning costs.
- O     **Vehicle Modification**** - For example, van lifts, ramps, tie-downs.
- P     **Other Goods and Services**** - Services or goods requested by families generally will fit within the fifteen categories specified above. However, if a family requests a service or item which does not fit these categories, the agency may request approval for the family's request from the state Developmental Disabilities Office.

Any of these services may be funded fully or in part with Family Support dollars. Funds may be coupled with resources from other programs or with the family's own resources. For example, the program may provide funding for materials to build a small indoor elevator, while family members provide the carpentry and electrical work. Another example is the purchase of high cost items such as room additions or vehicles. It is possible to use a combination of funding sources for these purposes such as Community Options Program, Family Support and the family's own resources. On the expenditure form, however, record only the estimated and actual costs to the Family Support Program.

## **ESTIMATED ANNUAL COST (Field 35)**

### **OPTIONAL**

- DEFINITION:** From the initial needs assessment, the estimated annual dollar amount that would be needed from the Family Support Program in each subprogram category for the service requested.
- CODES:** Enter up to 4 digits representing the whole dollar amount estimated as needed for services in the specific subprogram categories.
- NOTES:** Enter at the time of the initial assessment and development of the service plan. May be used to track actual expenditures against the original budget amount.

## **COST CODE (Field 36)**

### **REQUIRED TO ADJUST ACTUAL COSTS ON AN ANNUAL OR MONTHLY BASIS.**

- DEFINITION:** The function used to complete current actual costs in any subprogram category.
- CODES:** A = Add  
S = Subtract  
R = Replace
- NOTES:** A - For the first time entry of monthly or annual costs, use the add code to enter the amount.  
Also use the add code if additional costs are to be entered for the month (or year) when a previous entry had been made. Enter the additional costs.
- S - Use the subtract code if services are subsequently reimbursed through some other source after Family Support payments have been made. Enter the amount of the reimbursement.
- R - Replace is used if a new entry is made for a month or year to **replace** the old value.

**ACTUAL COST (Field 37)**

REQUIRED ANNUALLY, WITH OPTIONAL MONTHLY RECORDING CAPABILITY.

DEFINITION: The total actual expenditures of Family Support Program dollars in each subprogram category.

CODES: Enter up to five whole numbers and two decimal places representing the dollar amount actually expended for service in applicable subprogram categories.

NOTES: Actual expenditures may be reported and updated on a monthly basis, or a total dollar amount in each subprogram category may be reported once at the close of the reporting year. If monthly reporting is begun for a year, and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before annual cost amounts can be entered and vice versa.

If there is more than one child in a family, enter actual expenditures for **family** needs only on the report of the child whose Family ID number (Field 22) uses A as the final character. Do not duplicate expenditure reports on each child's form.

If the child is also in the LTS program with Family Support match funding, report the total costs on both the FSP and LTS modules.

**DELIVERY, MONTH AND YEAR (Field 38)**

REQUIRED

DEFINITION: The month and full year in which the entered costs were incurred.

CODES: Enter 6 digits representing the month and full year.

NOTES: The date should coincide with the month and year in which expenditures were authorized. If funds are authorized at the end of a calendar year for expenditures during that year, date the actual expenditures in that year even if payments are finally made in January or February of the following year.

**Leave the month field blank** if entering total annual costs and not using the optional monthly feature.

**SERVICE START DATE (Field 39)**

OPTIONAL

DEFINITION: The date that Family Support funded services began under the subprogram.

CODES: Enter the 8 digit date representing the month/day/full year that Family Support funded services began.

**SERVICE END DATE (Field 40)**

OPTIONAL

DEFINITION: The date Family Support funding for services ceased for the subprogram.

CODES: Enter the 8 digits representing the month/day/full year all funding for services ceased.

NOTES: Must be 00000000 or later than or equal to the service start date. (00000000 is used to reopen a closed subprogram.)

**PROVIDER NUMBER (Field 41)**

OPTIONAL

DEFINITION: The number assigned to identify the reporting unit, facility, or person that has delivered the subprogram to the family.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific subprogram.

**SUBPROGRAM P TEXT (Field 42)**

REQUIRED, WHEN CODE P IN FIELD 34 IS ENTERED.

DEFINITION: The type of service or goods that have been provided to the family in the OTHER category of subprograms.

CODES: Enter in narrative form a brief description of the services or goods purchased. Enter up to 75 characters.

NOTES: If more than one type of service is used in the OTHER category, the services may be listed, separated by a comma. If services in this category are added at a later time the initial services(s) must be re-entered or they will be replaced by subsequent entries.

## **HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE**

### **GENERAL INFORMATION**

The HSRS ALCOHOL AND OTHER DRUG ABUSE module is a system to collect data on alcohol and other drug abuse clients, their characteristics, the services they receive, and the quality and quantity of their participation in services. Module reporting is a required condition of the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds. All county departments of community programs and human services are required to report.

### **Administrative Code HFS 75 - Community Substance Abuse Standards**

New to this handbook are several SPC subprogram codes that will be phased in as a result of the promulgation of new administrative standards in substance abuse. Reporting of the new codes should begin as providers become certified under the HFS 75 standards.

For reporting purposes, a client is a person who has been authorized by a DCP or HSD for services related to alcohol or drug abuse and has their own client record.

In instances where a client has been previously opened on CORE or a non-AODA module, and the client is now being admitted for AODA services, the client must also be opened in the AODA module.

We encourage departments of social services to use CORE field 17, target group, as appropriate, for AODA clients. AODA codes for the target group field are 18 or 74.

The AODA module has a 90 day episode closing feature. Ninety days after all SPC end dates have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The episode end date will be the last SPC end date.

### **REPORTING FREQUENCY**

The AODA module provides the option of monthly reporting of services. Quarterly reporting is required on the module for each client.

First quarter	January - March	Due April month end
Second quarter	April - June	Due July month end
Third quarter	July - September	Due October month end
Fourth quarter	October - December	Due February month end

## HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

REGISTRATION - Screen A3 N, U or I (Module Key: ) MODULE TYPE 6																	
1 Worker ID				2 Social Security Number				3 Client ID									
4a Last Name				4b First Name		4c Middle Name		4d Suffix		5 Birthdate (mm/dd/yyyy)		6 Sex <input type="checkbox"/> F <input type="checkbox"/> M					
7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		7b Race (Circle up to 5) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White		8 Client Characteristics		9 Start Date		10 Closing Date		11 Co-dependent / Collateral <input type="checkbox"/> Yes <input type="checkbox"/> No		12 Referral Source					
13 Education at Time of Admission		14 Family Relationship		15 Number of Arrests 30 Days Prior to Admission		16 Living Arrangement at Admission		17 Brief Service <input type="checkbox"/> Yes <input type="checkbox"/> No		18 Employment Status		19 Pregnant at Time of Admission <input type="checkbox"/> Yes <input type="checkbox"/> No					
20 Diagnosis		21 Case Review Date		22 Family ID		23 Local Data		24 Special Project Reporting									
If "Yes" in fields 11 or 17, skip fields 25-29 Substance Problem				25a Primary		25b Secondary		25c Tertiary		26 At Discharge							
Usual Route of Administration				27a Primary		27b Secondary		27c Tertiary									
Use Frequency				28a Primary		28b Secondary		28c Tertiary									
Age of First Drug Use or Alcohol Intoxication				29a Primary		29b Secondary		29c Tertiary									
SERVICES - Screen A4 (Module Key: )										UNITS - Screen A7							
Prog. No.	30 SPC	Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	34 SPC End Reason	35 Closing Status			36 Target Group	37 SPC Review Date	38 Days of Care	39 Other Units	40 Delivery Date			
							A	F	E	AR	LA	mm	yyyy			mm	yyyy
OPTIONAL DATA - Screen 18 (Module Key: )																	
Street Address						City				State		Zip Code		County		Telephone Number ( )	

Shaded areas are optional.

## HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE CO-DEPENDENT / COLLATERAL OR BRIEF SERVICES

### REGISTRATION - Screen A3 N, U or I

1 Worker ID			2 Social Security Number			3 Client ID						
4a Last Name			4b First Name		4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)		6 Sex <input type="checkbox"/> F <input type="checkbox"/> M		
7a Hispanic/Latino  <input type="checkbox"/> Yes <input type="checkbox"/> No		7b Race (Circle up to 5)  <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> White			8 Client Characteristics		9. Start Date		10 Closing Date		11 Co-dependent / Collateral  <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 Referral Source		17 Brief Service  <input type="checkbox"/> Yes <input type="checkbox"/> No	20 Diagnosis	21 Case Review Date		22 Family ID			23 Local Data			

### SERVICES - Screen A4 (Module Key: )

### UNITS - Screen A7

Prog. No.	30 SPC	Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	36 Target Group	37 SPC Review Date mm   yyyy	39 Other Units	40 Delivery Date mm   yyyy

### OPTIONAL DATA - Screen 18 (Module Key: )

Street Address			City		State	Zip Code	County	Telephone Number ( )
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Shaded areas are optional.



**WORKER ID (Field 1)**

OPTIONAL

**DEFINITION:** The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

**PURPOSE:** For local use to connect reports to specific case managers.

**SOCIAL SECURITY NUMBER (Field 2)**

OPTIONAL; REQUIRED IF MEDICAL ASSISTANCE RECIPIENT

**CODES:** Enter the client's 9 digit Social Security Number or 10 digit MA Number.

**PURPOSE:** For comparison with other databases (Medical Assistance; DILHR employment data; Crime Information Bureau, etc.)

**CLIENT ID (Field 3)**

REQUIRED, COMPUTER GENERATED

**DEFINITION:** An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

**ENTER:** May be left blank if name, birthdate, and sex are reported.

**OR**

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

**PURPOSE:** To maintain client confidentiality while allowing reports to be produced on individual clients for audit purposes; to produce reports on multiple services to the same individual; to produce client number listings for recidivist clients.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a-d)**  
REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

PURPOSE: To produce client ID number; for local use client listings.

**BIRTHDATE (Field 5)**  
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.

PURPOSE: To calculate the client's age for preparation of reports; to determine if various age groups are being reached in similar proportions to the general population and AODA prevalence.

**SEX (Field 6)**  
REQUIRED

CODES: F = Female  
M = Male

PURPOSE: To prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population and AODA prevalence.

**HISPANIC/LATINO (Field 7a)**  
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 7b)**  
REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaska Native:** All persons having origins in any of the original peoples of North, South and Central America.

PURPOSE: To prepare reports cross tabulated by race in order to determine relationships/differences; to determine if various minority groups are being reached in proportion to their representation in the general population and AODA prevalence.

## **CLIENT CHARACTERISTICS (Field 8)**

### **REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Code definitions are in the HSRS CORE Client Characteristics (Field 7). We encourage the use of all three client characteristics fields since the Bureau of Substance Abuse Services uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities.

**NOTES:** Client Characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected. If codependent enter 99.  
Care should be taken to record developmentally disabled, physically disabled, sensory disabled, mental illness, and frail elderly if applicable.

**CODES:**

19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
29	Family member of developmental disability client
86	Severe emotional disturbance - child/adolescent
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
14	Family member of mental health client
04	Alcohol client
05	Drug client
10	Chronic alcohol or other drug client (includes SSI clients)
12	Alcohol and other drug client
16	Family member of alcohol and other drug client
17	Intoxicated driver
39	Gambling client
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
36	Other handicap
59	Unmarried parent
71	Victim of domestic abuse
50	Regular caregiver of dependent person
55	Frail elderly
57	Abused/neglected elder

## **CLIENT CHARACTERISTICS (Field 8) continued**

- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice client (adult only)
- 80 Homeless
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above (codependent client only)

### **SPECIAL CHILDREN'S SERVICES CATEGORIES**

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

**PURPOSE:** To allow comparisons across the HSRS database outside of the AODA module; to assess outreach to and accessibility in relation to special client groups (dually diagnosed, hearing impaired, physically disabled, etc.); to separate codependents receiving services from clients with AODA diagnosis.

## **START DATE (Field 9)**

### **REQUIRED**

**DEFINITION:** The date when the client began contact with the agency or the case was opened for this period of service (episode).

**CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

**PURPOSE:** To determine active and closed cases; for case management purposes; for determining recidivism; determining episode length/duration.

**CLOSING DATE (Field 10)****OPTIONAL**

- DEFINITION:** The date all AODA services are completed and the case is closed.
- CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.
- NOTES:** The episode will be closed automatically 90 days after all services are closed.
- PURPOSE:** To determine active and closed cases; for case management purposes; for determining recidivism; determining episode duration.

**CODEPENDENT/COLLATERAL (Field 11)****REQUIRED**

- DEFINITION:** A codependent/collateral is a person who:
- Is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser.
  - Has no current alcohol/drug abuse or dependency problem of their own.
- CODES:** Y = Yes  
N = No
- NOTES:** Family involvement in treatment alone is not sufficient criteria for codependent/collateral designation.
- PURPOSE:** To separate codependents receiving services from clients with AODA diagnoses and to allow simpler reporting on codependents.

## REFERRAL SOURCE (Field 12) REQUIRED

DEFINITION: The individual or agency at the point of origin that referred the client for services.

CODES:	01	Self
	02	Family, friend, or guardian
	03	AODA program (includes AA and Al-Anon)
	04	Hospital, clinic, physician, health agency
	05	School, college
	06	IDP - Court
	07	IDP - Division of Motor Vehicles (DMV)
	08	Probation and parole
	09	Other court, criminal or juvenile justice, or law enforcement
	10	Employer, Employee Assistance Program (EAP)
	11	County social services
	13	IV drug outreach worker
	14	Other social agency or community referral
	15	Drug court
	16	OWI court (special court monitors multiple OWI offenders)

### REFERRAL SOURCE CODE DEFINITIONS

- 03 **AODA Program** (Includes AA and Al-Anon)  
Any program/clinic whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.
- 04 **Hospital, Clinic, Physician, Health Agency**  
Includes a physician, psychiatrist or other licensed health care professional, general hospitals, psychiatric hospitals, mental health programs and nursing homes.
- 05 **School, College**  
Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.
- 06-09 **Criminal Justice Referral**  
Includes referrals from the court, juvenile court intake, a judge, prosecutor, probation officer or other personnel affiliated with a federal, state and/or county judicial system, referrals from the police, and Treatment Alternative Program (TAP). This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally it includes clients on pre-parole, pre-release, work and/or home furlough, and Ch. 51 commitments. The client need not be officially designated as on parole.
- 10 **Employer, Employee Assistance Program (EAP)**  
Includes a federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included.

**EDUCATION AT TIME OF ADMISSION (Field 13)**  
**REQUIRED**

**DEFINITION:** The highest grade completed.

**PURPOSE:** Assess success of outreach/marketing and agency coordination efforts; identify intoxicated driver clients; assess success in reaching special target groups (criminal justice client; EAP; etc.).

**CODES:** Enter the two digit number of years.  
01-11 Highest grade completed  
12 High school diploma or GED  
14 Some college or vocational/technical school;  
associate degree or voc. tech. degree  
16 Bachelor's degree  
18 Advanced degree (Master's; Ph.D.)

**PURPOSE:** Identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population to assess differences.

**FAMILY RELATIONSHIP (Field 14)**  
**REQUIRED**

**DEFINITION:** The client's marital, family, interpersonal relationships, or social support system (whichever is most applicable to the client) status at time of admission in terms of the frequency and quality of contact.

**CODES:** Marital, Family, Interpersonal Relationships, or Support System  
1 Very frequent, positive contact  
2 Frequent or more often, usually positive contact  
3 Occasional or more often, sometimes positive, sometimes negative contact  
4 Contact is usually negative  
5 Little or no contact

**NOTES:** The Family Relationship is an overall assessment of the client's marital, family, significant other, close friend/intimate relationships or support system (whichever is most applicable to the client) as follows:  
**Positive** means constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.  
**Negative** means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts.



**Very Frequent** means daily or nearly daily.

**Frequent** means at least weekly.

**Occasional** means at least monthly.

**Significant Others** includes spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

**PURPOSE:** Describe the level of familial, social, or support deterioration that usually characterizes alcohol/drug clients when entering treatment. The admission data will be compared with discharge data to assess changes.

**NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION (Field 15)  
REQUIRED**

**DEFINITION:** The number of arrests during the 30 days prior to the start of the episode. If the client came from a controlled setting (e.g., jail, hospital, residential program, etc.), use the 30 day period prior to entry into the controlled setting.

**NOTES:** An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. Does not include minor tickets or citations.

**CODES:** Numeric value between 00 and 96.

**PURPOSE:** Describe the degree of criminal justice involvement when entering treatment. The admission data will be compared with the discharge data to assess changes.

**LIVING ARRANGEMENT AT ADMISSION (Field 16)**  
**REQUIRED**

**DEFINITION:** The living arrangement prior to the start of the episode. It specifies whether the client is homeless, living with parents, in a supervised setting, or on their own.

**CODES:**

01	Street, shelter, no fixed address, homeless
02	Private residence or household; living alone or with others or without supervision; includes persons age 18 and older living with parents
03	Supported or semi-supervised residence
04	Specialized facility with on-site supervision
05	Other institution
06	Jail or correctional facility
07	Child under age 18 living with parents

**PURPOSE:** Describe the living situation when entering treatment. The admission data will be compared with the discharge data to assess changes.

**BRIEF SERVICE (Field 17)**  
**REQUIRED**

**DEFINITION:** This field may be checked YES if any of the following standard program categories are the sole SPCs to be provided in an entire episode of care:

SPC	301	Court intake studies
	501	Crisis intervention
	507/50	Outpatient, emergency regular
	507/65	Medication management
	601	Outreach
	602	Information and referral
	603	Intake assessment

**CODES:** Y = Yes  
N = No (default)

**PURPOSE:** To reduce reporting burden for relatively brief services.

**EMPLOYMENT STATUS (Field 18)**

REQUIRED

DEFINITION: The current employment status.

CODES:

1	Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs.
2	Employed part-time - less than 35 hours a week.
3	Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job
4	Unemployed - not looking for work in the past 30 days
5	Not in the labor force - homemaker
6	Not in the labor force – student
7	Not in the labor force – retired
8	Not in the labor force – disabled
9	Not in the labor force – inmate of jail, prison, or other institution

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources or pay stubs. Special audits of this data may be performed.

PURPOSE: Identify financial resources of client groups; assess employment status for vocational service needs.

**PREGNANT AT TIME OF ADMISSION (Field 19)**

REQUIRED - DEFAULTS TO NO.

DEFINITION: Self-explanatory.

CODES: Y = Yes  
N = No

PURPOSE: To assess outreach and accessibility of services to special client groups; to monitor trends.

## **DIAGNOSIS (Field 20)**

### **OPTIONAL**

**DEFINITION:** The current diagnosis of the client's condition.

**CODES:** The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<b>CODE</b>	<b>MENTAL ILLNESS</b>
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic disorders
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
300.02	Generalized anxiety disorder
301	Personality disorders
301.6	Dependent personality disorder
302	Sexual deviations and disorders
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders due to organic brain damage
311	Depressive disorder, not classified elsewhere
312.0	Undersocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere classified
313	Disturbance of emotions specific to childhood and adolescence
314	Hyperkinetic syndrome of children
316	Psychic factor associated with diseases classified Elsewhere

### **DEVELOPMENTAL DISABILITIES**

299.0	Infantile autism
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)

**DIAGNOSIS (Field 20) continued**

**DEVELOPMENTAL DISABILITIES (continued)**

319 Unspecified mental retardation  
343 Infantile cerebral palsy  
345 Epilepsy

**ALCOHOLISM - ALCOHOL ABUSE**

291 Alcoholic psychoses  
303 Alcoholic dependence syndrome  
303.91 Other and unspecified continuous alcohol  
dependence (chronic alcoholism-dipsomania)  
303.93 Other and unspecified alcohol dependence in  
remission  
305.0 Alcohol abuse

**OTHER DRUG ABUSE**

292 Drug psychoses  
304 Drug dependence  
304.0 Opioid type dependence  
304.1 Barbiturate and similarly acting sedative hypnotic  
dependence  
304.2 Cocaine dependence  
304.3 Cannabis dependence  
304.4 Amphetamine and other psychostimulant  
dependence  
304.5 Hallucinogen dependence  
304.6 Other specified drug dependence  
304.9 Unspecified drug dependency  
305 Nondependent abuse of drugs  
305.01 Continuous alcohol abuse  
305.02 Episodic alcohol abuse  
305.1 Tobacco use disorder  
305.2 Cannabis abuse  
305.3 Hallucinogen abuse  
305.4 Barbiturate and similarly acting sedative or hypnotic  
abuse  
305.5 Opioid abuse  
305.6 Cocaine abuse  
305.7 Amphetamine or related acting sympathomimetic  
abuse  
305.8 Antidepressant type abuse  
305.9 Other, mixed or unspecified drug abuse  
309.89 Other

**DIAGNOSIS (Field 20)** continued**PHYSICAL LIMITATION**

359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742.0	Encephalocele
742.3	Congenital hydrocephalus
784.0	Symptoms involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

**OTHER DISORDER**

316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition

**PRESENTING PROBLEM**

V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victim of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstances or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Child or adolescent antisocial behavior

**ADMINISTRATIVE CATEGORIES**

799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V68.81	Referral of patient without examination or treatment
V70.7	Examination for normal comparison or control in clinical research

**PURPOSE:** For local use in billing-related reports.

**CASE REVIEW DATE (Field 21)****OPTIONAL**

**DEFINITION:** Date when the case review or other agency activity is due to take place.

**CODES:** Enter the 8 digit date in the format month/day/full year.

**PURPOSE:** For local use in case monitoring/case management.

**FAMILY ID (Field 22)****OPTIONAL**

**DEFINITION:** An agency assigned number that will link family members together.

**CODES:** Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

**PURPOSE:** For local use.

**LOCAL DATA (Field 23)****OPTIONAL**

**DEFINITION:** Agency defined.

**CODES:** Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

**PURPOSE:** For local use.

**SPECIAL PROJECT REPORTING (Field 24)**

REQUIRED, WHEN APPLICABLE, THROUGH SPECIAL CIRCUMSTANCES, USUALLY A GRANT PROGRAM. AGENCIES WILL BE NOTIFIED BY THE BUREAU OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHEN THIS FIELD IS APPLICABLE TO THEIR SPECIAL PROJECTS.

**DEFINITION:** The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.

**SUBSTANCE PROBLEM (Fields 25a - 25c)**  
**REQUIRED**

**DEFINITION:** Self-explanatory

**CODES:** Enter primary, secondary, and tertiary substance problem codes.  
Code up to three.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

**PURPOSE:** To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.



**SUBSTANCE PROBLEM AT DISCHARGE (Field 26)**  
**REQUIRED**

**DEFINITION:** The primary substance problem at the time of discharge.

The code at discharge should be different from the code at admission only in the case of a change of substance. Therefore, the system defaults the code at discharge to the code at admission. The code 01 for None is reserved for codependent clients.

**CODES:**

01	None (co-dependent)
02	Alcohol
03	Cocaine/crack
04	Marijuana/hashish/cannabis/THC
05	Heroin
06	Nonprescription methadone
07	Dilaudid/hydromorphone
08	Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
09	PCP (phencyclidine)
10	LSD
11	Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, ketamine)
12	Methamphetamine/ice: methcathinone/cat
13	Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs
14	Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
15	Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
16	Other tranquilizers (Meprobamate, Equanil, Miltown)
17	Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
18	Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
19	Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
20	Over-the-counter diet, alert, sleep aids, cough syrup
21	Other

**PURPOSE:** To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

**USUAL ROUTE OF ADMINISTRATION (Fields 27a - 27c)**  
**REQUIRED**

**DEFINITION:** How the substance is taken into the body.

**CODES:**

1	Oral (by mouth swallowing)
2	Smoking (inhale by burning/heating substance)
3	Inhalation (inhale or snort through the nose or mouth without burning substance)
4	Injection (IV or intramuscular or skin popping)
5	Other

**PURPOSE:** To determine level of associated health risks connected with route of administration; assess extent and trends of AIDS risk clients.

**USE FREQUENCY (Fields 28a - 28c)**  
**REQUIRED**

**DEFINITION:** How often the substance is used during the 30 days prior to the start of the episode.

**CODES:**

1	No use in the past month (abstinent)
2	1-3 days in the past month (less often than once a week)
3	1-2 days per week
4	3-6 days per week
5	Daily

**NOTES:** It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, and significant other), structured clinical interview, records sources, or drug tests. Special audits of this data may be performed.

**PURPOSE:** To identify the level of severity of addiction, compare with treatment setting and changes from admission to discharge.

**AGE OF FIRST DRUG USE OR ALCOHOL INTOXICATION (Field 29a - 29c)**  
**REQUIRED**

**DEFINITION:** Self-explanatory

**CODES:** Enter actual age using 2 digits.

A value of zero (00) indicates a newborn with a substance dependency problem.

**NOTES:** For drugs other than alcohol record the age of first use. For alcohol record age of first intoxication. The recorded age should reflect willful use.

**PURPOSE:** Assesses success of prevention efforts; for planning school curricula; compare with national drug surveys of the general population.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30)**  
**REQUIRED**

**DEFINITION:** The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. The following are basic AODA SPCs. Any other appropriate SPCs associated with alcohol and other drug abuse services should be reported even though not listed here. SPCs are defined in Appendix E. Subprogram definitions follow.

**CODES:** Enter the 3 digit SPC code and the 2 digit subprogram code if applicable.

<b>AODA SPCs</b>	<b>SUB- PRGRM</b>	<b>STANDARD PROGRAM CATEGORY NAME</b>	<b>REPORT</b>
Detox			
703	10	Medically managed inpatient detox (75.06)	Days
	20	Medically monitored residential detox (75.07)	Days
	50	Ambulatory detoxification (75.08)	Hours
705	10	Residential intoxication monitoring (75.09)	Days
Residential			
503	50	Medically managed inpatient (75.10)	Days
	60	Medically monitored hospital treatment (124, 75.11)	Days
	70	Medically monitored CBRF treatment (83, 75.11)	Days

504		Residential care center	Days
506	10	Transitional residential-hospital setting (124, 75.14)	Days
	20	Transitional residential (83, 75.14)	Days
203		Foster home	Days
204		Group home	Days
507	00	Outpatient – regular (75.13)	Hours
	05	Outpatient – intensive (75.13)	Hours
	65	Medication management	Hours
	70	Methadone or narcotic detox	Hours
	75	Methadone maintenance or narcotic treatment (75.15)	Hours
603		Intake assessment	Hours
509		Community support	Hours
510		Comprehensive community services	Days
704	10	Day treatment (75.12)	Hours
112	55	Specialized medical supplies	Items

The following optional subprograms may be used in place of 00 and 05 if the agency wants additional detail. Unless noted, the subprograms are redefined in HFS 75.13.

507	10	Outpatient, individual regular	(75.13)	Hours
	15	Outpatient, individual intensive	(75.13)	Hours
	20	Outpatient, family regular	(75.13)	Hours
	25	Outpatient, family intensive	(75.13)	Hours
	30	Outpatient, group regular	(75.13)	Hours
	35	Outpatient, group intensive	(75.13)	Hours
	40	Outpatient, in-home regular	(75.13)	Hours
	45	Outpatient, in-home intensive	(75.13)	Hours
	50	Emergency outpatient	(75.05)	Hours

NOTES: Units are required on these SPCs.  
Regular and Intensive are types of outpatient services and do not always reflect the amount of service **delivered** to a specific client. A client can be in Intensive even though they don't complete the required units of service.  
Reporting of self-pay intoxicated driver assessments (SPC 603) which are assessed by contract providers is no longer required, but may be continued at the discretion of the county agency. Similarly, reporting of any wholly self-paid or third party paid treatment services by contract agencies is not required.

PURPOSE: To determine the type, amount, duration, and outcome of services provided; to develop common costs centers for cost analyses. It also meets federal requirements.

## STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30) continued

### SUBPROGRAM DEFINITIONS

112/55	<b>Specialized Medical Supplies</b> Specialized medical supplies, specified in the plan of care, which are necessary to ensure the health of the individual or enable the individual to function with greater independence as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.
503/50	<b>Medically Managed Inpatient</b> HFS 75.10 medically managed inpatient treatment service means a service provided in a general or specialty hospital with 24 hours per day nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.
503/60	<b>Medically Monitored Hospital Treatment</b> HFS 75.11 medically monitored treatment service means a hospital based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
503/70	<b>Medically Monitored CBRF Treatment</b> HFS 75.11 medically monitored treatment service means a community based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
506/10	<b>Transitional Residential - Hospital Setting</b> HFS 75.14 transitional residential treatment service (defined below) in a general or specialty hospital approved under ch. HFS 124.
506/20	<b>Transitional Residential</b> HFS 75.14 transitional residential treatment service means a clinically supervised, peer supported, 24 hour therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling equaling between three and 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.
507/all	<b>Outpatient</b> HFS 75.13 outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning and totaling less than 12 hours of counseling per week. Intensive outpatient is at least six hours per week and regular outpatient is less than six hours per week.
507/61	<b>Antabuse</b> The administration of the medication disulfiram as a treatment adjunct, to help patients overcome drinking problems.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30) continued**  
**SUBPROGRAM DEFINITIONS**

- 507/62     **Other Medical**  
For use by Milwaukee County only.
- 507/64     **Urinalysis Tests**  
In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood altering substances.
- 507/65     **Medication Management**  
Includes prescription, directions on use, and review of medication in an outpatient setting.
- 507/70     **Methadone or Narcotic Detox**  
Services provided to ensure the safe withdrawal of methadone from the body's tissues.
- 507/75     **Narcotic Treatment**  
HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.
- 703/10     **Medically Managed Inpatient Detoxification**  
HFS 75.06 medically managed inpatient detoxification service means a 24 hour per day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.
- 703/20     **Medically Monitored Residential Detoxification**  
HFS 75.07 medically monitored residential detoxification service means a 24 hour per day service in a residential setting providing detoxification and monitoring, with care provided by a multidisciplinary team of service personnel including 24 hour nursing care under the supervision of a physician.
- 703/50     **Ambulatory Detoxification**  
HFS 75.08 ambulatory detoxification service means a medically managed or monitored, structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.
- 704/10     **Day Treatment**  
HFS 75.12 day treatment service means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).

705/10

**Residential Intoxication Monitoring**

HFS 75.09 residential intoxication monitoring service means a service providing 24 hour per day observation by a nonmedical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.

**SPC START DATE (Field 31)**

REQUIRED FOR AODA SPCs

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: Coupled with SPC End Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

**PROVIDER NUMBER (Field 32)**

REQUIRED

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk.

PURPOSE: Will be used to produce various reports by facility.

**SPC END DATE (Field 33)**

REQUIRED FOR AODA SPCs

DEFINITION: The date on which service in this SPC ended (i.e., last contact).

CODES: Enter an 8 digit number in the format month/day/full year.

NOTES: The episode will be closed automatically 90 days after all services are closed.

PURPOSE: Coupled with SPC Start Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

**SPC END REASON (Field 34)**

REQUIRED, WHEN APPLICABLE FOR AODA TREATMENT SPCs **EXCEPT** FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND BRIEF SERVICES.

DEFINITION: The reason the client was discharged from the service.

CODES: If the service was completed, use codes 01, 02, or 03.

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - no positive minimal change

-----  
If the service was not completed, use codes 04–16.

- 04 Referred to another nonalcohol/drug agency, program, or service before completing service
- 05 Behavioral termination - staff/program decision to terminate due to rule violation
- 06 Withdrew against staff advice before completing service
- 07 Funding/authorization expired, same service not reopened
- 08 Incarcerated
- 09 Death
- 14 Referral to another AODA agency or program
- 15 Transfer to another AODA service within an agency or program
- 16 Funding/authorization expired, same service reopened

Clients who completed the SPC should not be coded under 04–16.

**LEVEL OF IMPROVEMENT EXPLANATION** (major, moderate, minimal change):

For clients who have completed services (above codes 01-03) in inpatient, outpatient, day treatment, or residential treatment, this is an overall rating of the client's condition at discharge:

**Major Improvement.** Successful completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- length or duration of treatment consistent with the treatment plan
- all or nearly all objectives of the individualized treatment plan were achieved
- discharge plan

**Moderate improvement.** Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- moderate progress on objectives in the individualized treatment plan
- maximum benefit achieved
- discharge plan



## **SPC END REASON (Field 34)** continued

**Minimal change.** Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- minimal progress on objectives in the individualized treatment plan
- discharge plan

**NOTES:** SPC End Reason is not required for SPCs 703 Detox and 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Service SPCs like assessment, case management, etc. because of their short-term nature.

**PURPOSE:** To evaluate service retention and outcome.

## **CLOSING STATUS (Field 35)**

**REQUIRED, FOR AODA TREATMENT SPCs EXCEPT FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND BRIEF SERVICES.**

**DEFINITION:** The client's AODA (A), Family (F), and Employment (E) status, Number of Arrests (AR), and Living Arrangement (LA) at the time the client was discharged from treatment (last contact).

**CODES:** Enter a one digit code in each of the three categories (A, F, E).

**A = AODA** = Frequency of alcohol/drug use during the 30 days prior to discharge, or since admission if less than 30 days.

- 1 No use (abstinent)
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily

**F = FAMILY** = Marital/family/interpersonal relationships or social support system.

- 1 Very frequent, positive contact
- 2 Frequent or more often, usually positive contact
- 3 Occasional or more often, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

**CLOSING STATUS (Field 35) continued**

**E = EMPLOYMENT STATUS**

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed looking for work
- 4 Unemployed not looking for work
- 5 Not in the labor force – homemaker
- 6 Not in the labor force – student
- 7 Not in the labor force – retired
- 8 Not in the labor force – disabled
- 9 Not in the labor force – inmate of jail, prison, or other institution

**AR = ARRESTS** = Number of arrests 30 days prior to discharge, or since admission if less than 30 days.

Numeric value between 00 and 96.

**LA = LIVING ARRANGEMENT** = Living arrangement at discharge.

- 01 Street, shelter, no fixed address, homeless
- 02 Private residence or household; living alone or with others without supervision; includes persons age 18 and older living with parents
- 03 Supported or semi-supervised residence
- 04 Specialized facility with on-site supervision
- 05 Other institution
- 06 Jail or correctional facility
- 07 Child under age 18 living with parents

**NOTES:**

The F scale above is an overall assessment of the client's familial, marital, significant other, or close friend relationships as follows:

**Positive** means supportive, constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.

**Negative** means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts.

**Very Frequent** means daily or nearly daily.

**Frequent** means at least weekly.

**Occasional** means at least monthly.

**Significant Others** include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

It is the provider's responsibility to verify the accuracy of the codes entered into the record for the A, E, and AR scales. These methods of verification may include collaterals (spouse, relative, significant others), structured clinical interview, records sources, drug tests, or pay stubs. Special audits of this data may be performed.

**PURPOSE:**

The data will be compared with admission data to assess changes.

**TARGET GROUP (Field 36)**

OPTIONAL

**DEFINITION:** Indicates the more specific AODA need and/or problem that best explains the primary reason this client is receiving services in a particular Standard Program Category. Target Group describes why this service is being delivered to the client, and thus may vary by service. If 74 is entered, then Yes should be entered in Field 11, Codependent/collateral.

**CODES:**

- 04 Alcohol abuse
- 05 Drug abuse
- 17 Intoxicated driver
- 18 Alcohol and other drug abuse
- 74 Family member/other of AODA client (codependent)

**PURPOSE:** To identify the number of and service usage of the above target groups.

**SPC REVIEW DATE (Field 37)**

OPTIONAL

**DEFINITION:** The date when the next SPC review is due to take place.

**CODES:** Enter the 6 digit date in the format of month/full year.

**NOTES:** An output report can be produced indicating when a review is due.

**PURPOSE:** For local use in case monitoring/case management.

**DAYS OF CARE (Field 38)**

REQUIRED FOR APPROPRIATE SPCs

**DEFINITION:** The number of days of care provided in each SPC/subprogram that require days reporting.

**CODES:** Enter up to 3 digits. No decimals allowed.

**PURPOSE:** To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

**OTHER UNITS (Field 39)**  
REQUIRED FOR AODA SPCs

DEFINITION: The number of program activity units the client has received.

CODES: The appropriate number of units. This is a 5 digit field with a maximum of 2 decimal places.

NOTES: This field is not required for non-AODA SPCs. It is allowable for emergency inpatient services (hours only).

PURPOSE: To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

**DELIVERY DATE MONTH/FULL YEAR (Field 40)**  
REQUIRED

DEFINITION: The month and full year during which units of an SPC were delivered.

CODES: Enter a 6 digit number in the format month/full year.

PURPOSE: For easy production of reports connected to a particular month/full year.

## MENTAL HEALTH MODULE

### BACKGROUND

The HSRS Mental Health Module is a federally supported effort for reporting client demographic and service data for people served through the public mental health system. Development of this module was a joint effort between staff from the BCMH, BMO, OPRA and BIS within the DHFS and included considerable effort and input from various county level administrators and program staff.

The Mental Health module data provides federal, state and county administrators with accurate and timely data on the people served through our public mental health system. This information is used for oversight and improvement of the service system as well as compliance with State and Federal regulations.

A recent improvement to the module is the Consumer Status Data Set. Beginning in CY 2002, fields 31 through 43 will be used to collect information reflecting the ongoing status of people who have a BRC Target Group Code of H or L. This data will be used in support of the efforts of the Department to meet the expectations contained in the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

### GENERAL INFORMATION

All county Departments of Community Programs and Human Services are required to report to the module. For reporting purposes, a client/consumer is defined as a person who has been authorized by a DCP or HSD for services related to mental health and who has their own client record.

**Consumer Status Data Set (CSDS) information is collected through Fields 31 - 43. CSDS data fields should be completed at the beginning of a HSRS episode for consumers who have a BRC Target Group Code of H or L. Updates will be expected at six month intervals thereafter. The status data should also be reported at the close of an episode if it has been at least 90 days from the last update.**

The Mental Health module has a 90 day episode closing feature. Ninety days after all SPC End Dates and their respective Closing Reasons have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The Episode End Date will reflect the last SPC End Date.

### REPORTING FREQUENCY

**Quarterly reporting is required on the module for each client.** The Mental Health module provides for the option of monthly reporting of services.

First Quarter	January - March	Due April month-end
Second Quarter	April - June	Due July month-end
Third Quarter	July - September	Due October month-end
Fourth Quarter	October - December	Due February month-end

## HSRS MENTAL HEALTH MODULE

REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry				MODULE TYPE 9				
Episode Key		1 Worker ID			2 Client ID			
3a Last Name		3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex F M
6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		7 Client Characteristics			8 MA Number		

MENTAL HEALTH INFORMATION							
9a Legal/Commitment Status	9b Commitment Status Review Date	10 BRC Target Population	11 Presenting Problem (client perspective)	12 Diagnostic Impression Primary Axis III		13 County of Residence	14 Episode Closing Date
15 Social Support	16a No. of Minor Children	16b No. Living With Client	17 Veteran Status Yes / No	18 Referral Source	19 Case Review Date	20 Family ID	21 Local Data

SERVICES - Screen M2 - New, Update, Error Correct or Inquiry									
Prog. No. (U)	22 SPC/Subprogram	23 SPC Start Date	24 Provider Number	Units 25 Days 26 Other		27 SPC End Date	28 SPC End Reason	29 Delivery Date mm yyyy	30 SPC Review Date mm yyyy

CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.								
31 BRC Target Population Update		32 Psychosocial and Environmental Stressors		33 Global Assessment of Functioning (Specific two digit number)		34 Health Status	35 Health Care Appointment <u>Health</u> <u>Vision</u> <u>Dental</u>	36 Suicide Risk
37 Residential Arrangement	38 Daily Activity	39 Employment	40 Employment Level	41 Legal/Commitment Status Update		42 Criminal Justice System		43 Financial Supports

OPTIONAL DATA - Screen 18 (Module Key):						
Street Address		City	State	ZIP Code	County	Telephone ( )

Shaded areas are optional.

**WORKER ID (Field 1)****OPTIONAL**

- DEFINITION:** Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.
- CODES:** Enter the 10 digit code identifying the primary worker or service provider.
- NOTES:** This is an agency assigned number. Provider ID's are also accepted.
- PURPOSE:** This data element is used to sort output reports for local agency use (such as case listings).

**CLIENT ID (Field 2)****REQUIRED**

- DEFINITION:** A unique identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.
- ENTER:** May be left blank if name, birthdate, and sex are reported.  
OR  
Enter the 14 character HSRS client/consumer identification number.
- The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.
- PURPOSE:** The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 3a-d)**  
REQUIRED

- DEFINITION:** The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.
- ENTER:** Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word None; if no middle name and/or suffix, leave blank.
- NOTES:** Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, nor are any other punctuation marks accepted.
- PURPOSE:** This information allows the system to generate a unique Client ID. This information is also employed to produce client listings for local agency use.

**BIRTHDATE (Field 4)**  
REQUIRED

- CODES:** Enter the 8 digit birthdate of the client/consumer using month/day/full year.
- PURPOSE:** This information allows the system to generate a unique Client ID. Birthdate is used to calculate the client/consumer's age for preparation of summary reports which compare the characteristics of the population area served, to assess issues of accessibility or unintended exclusion of age groups. Client/consumer age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

**SEX (Field 5)**  
REQUIRED

- DEFINITION:** Client/consumer's gender.
- CODES:** F = Female  
M = Male
- PURPOSE:** This information allows the system to generate a unique Client ID. A client/consumer's gender is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters. In addition, as a demographic variable related to population characteristics, it reflects on the use of and access to mental health services by each sex.



**HISPANIC/LATINO (Field 6a)**  
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 6b)**  
REQUIRED

DEFINITION: The race of the client/consumer as determined by the client/consumer. Code as many as apply up to all five.

CODES: A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaska Native:** All persons having origins in any of the original people of North, South and Central America.

PURPOSE: The race of the client/consumer is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined.

## **CLIENT CHARACTERISTICS (Field 7)**

### **REQUIRED**

**DEFINITION:** Description of the client/consumer according to selected personal, social and demographic factors. Code as many as apply up to three.

**CODES:** Enter at least one and up to three codes from the list below that best describe the client/consumer. A person receiving services reported on the Mental Health module is assumed to have a Client Characteristic of 02-Mental Illness.

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 84 Repeated school truancy
- 37 Frail medical condition
- 38 Criminal justice system involvement (alleged or adjudicated)
- 72 Victim of abuse or neglect (alleged or adjudicated)
- 80 Homeless
- 90 Special study code (to be defined as need arises)

- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above
- SPECIAL CHILDREN'S SERVICES CATEGORIES
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

NOTES: Client/consumer characteristics should identify up to three major needs or descriptors. The client characteristics defined below are of particular interest.

PURPOSE: This data will be used to assess outreach to and accessibility in relation to special client/consumer groups and to allow comparisons across the HSRS database outside of the Mental Health module. Client Characteristics can also be used in system planning.

**CLIENT CHARACTERISTICS CODE DEFINITIONS** - Code definitions not listed here can be found in the HSRS CORE Client Characteristics Field 7.

37 **Frail medical condition**

Include people who have difficulty in functioning or performing activities of daily living due to disability or medical condition.

38 **Criminal justice system involvement (alleged or adjudicated)**

Include people who may previously have been defined through the HSRS CORE Codes of: 66-Delinquent, 73-Family member of delinquent, 68-CHIPS - other, 69-JIPS - status offender, 70-Family member status offender, 33-Corrections/criminal justice system clients (adults only).

72 **Victim of abuse or neglect**

Include people who may previously have been defined through the codes of Victim of domestic abuse (71), Abused/neglected elder (57), CHIPS (61, 62, and 63) in HSRS CORE.

80 **Homeless**

Include people who are either: *Unsheltered*, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or, *Sheltered*, in which case the person is living in emergency, transitional, domestic violence, or youth shelters, or using vouchers for hotels/motels.

84 **Repeated school truancy**

90 **Special study code**

This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.

**MA NUMBER (Field 8)**  
REQUIRED IF MA ELIGIBLE

- CODES:** Enter the client's 10 digit medical assistance number.
- NOTES:** This field should be updated if the client/consumer becomes eligible during the treatment episode.
- PURPOSE:** This data is used to match client/consumers served with other DHFS data bases for analysis purposes. Types of analysis include depiction of expenditure data allowing a more complete picture of the resources consumed by this client/consumer population. This information will be used to assess point in time MA eligibility of client/consumers served through the public mental health system.

**LEGAL/COMMITMENT STATUS (Field 9a)**  
REQUIRED

- DEFINITION:** **Voluntary** - a person who voluntarily seeks services.
- Involuntary civil** - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.
- Involuntary criminal** - a person committed pursuant to one of the following:
- charges and/or convictions pending, determination of competency to stand trial,
  - found "not guilty by reason of insanity" or "guilty but insane",
  - transfers from correctional institutions.
- CODES:**
- 1 Voluntary
  - 2 Voluntary with settlement agreement
  - 3 Involuntary civil - Chapter 51
  - 4 Involuntary civil - Chapter 55
  - 5 Involuntary criminal
  - 6 Guardianship only
- NOTES:** This field relates specifically to CH 51 and CH 55 and represents commitment status of the client/consumer at the beginning of treatment episode.
- PURPOSE:** This item can be of importance in understanding variations in length of contact with an agency or in the types of services a client/consumer may receive. In addition, it helps to characterize important variations in client/consumer mix across mental health agencies, which can explain staffing variations and cost differences.

## COMMITMENT STATUS REVIEW DATE (Field 9b)

### OPTIONAL

- DEFINITION: Date when the commitment status review is due to take place.
- CODES: Enter the eight digit date in the format month/day/full year. This is a future date.
- PURPOSE: For local use in case monitoring/case management.

## BRC TARGET POPULATION (Field 10)

### REQUIRED

- DEFINITION: ***This is an overall clinical assessment of service needs*** and should reflect the current rating of the consumer's needs (the six month update). The BRC Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

**Persons in Need of Ongoing, High Intensity, Comprehensive Services** - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings; confinement in jail; homelessness; and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

**Persons in Need of Ongoing Low Intensity Services** - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in Need of Short-Term Situational Services** - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

**CODES:**

- H Persons in need of ongoing, high intensity, comprehensive services
- L Persons in need of ongoing, low intensity services
- S Persons in need of short-term situational services

**NOTES:** Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, and 4 as of 1-1-2002.

People who begin a treatment episode with a BRC Target Group code of H or L are required to have Consumer Status Data Set (CSDS) fields 31 through 43 completed at the beginning of the treatment episode, every six months thereafter, and at episode close.

**PURPOSE:** To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

This data will be used to support the efforts of the Department to meet the expectations of the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

**PRESENTING PROBLEM (Field 11)**  
**REQUIRED**

**DEFINITION:** The presenting problem(s) from the client/consumer's perspective at the beginning of a treatment episode is the reason why the client/consumer is seeking services.

**CODES:** Enter at least one and up to three codes from the list below.

- 01 Marital/family problem
- 02 Social/interpersonal (other than family problem)
- 03 Problems coping with daily roles and activities (includes job, school, housework, daily grooming, financial management, etc.)
- 04 Medical/somatic
- 05 Depressed mood and/or anxious
- 06 Attempt, threat, or danger of suicide
- 07 Alcohol
- 08 Drugs
- 09 Involvement with criminal justice system
- 10 Eating disorder
- 11 Disturbed thoughts
- 12 Abuse/assault/rape victim
- 13 Runaway behavior
- 14 Emergency detention

**PURPOSE:** Many managers find the reasons why client/consumers are entering for services as valuable as diagnostic groupings in describing their case load. They are used as both a complement and an alternative to diagnosis in presenting typologies for the client/consumers served.

**DIAGNOSTIC IMPRESSION (Field 12)**  
**REQUIRED**

**DEFINITION:** The current diagnosis of the client/consumer's condition per DSM IV on Axis I and/or Axis II and/or Axis III.

**Axis I Clinical Disorders**  
**Other Conditions That May Be a Focus of Clinical Attention**

**Axis II Personality Disorders, Mental Retardation**

**Axis III General Medical Conditions**

**NOTES:** Axis I includes all the varying clinical disorders and includes Substance Disorders.  
Axis I codes must be used for primary when the BRC Target Population is H.

Axis II is for reporting Personality Disorders and Mental Retardation. However, Mental Retardation diagnoses may not be reported as the first diagnosis entered.

Axis III is used for reporting current general medical conditions (per ICD9) that are potentially relevant to the understanding and management of the consumer's mental disorder. The general medical condition(s) that do not demonstrate sufficient relationship to an Axis I status should still be recorded here, due to potential relationship and prognosis in treatment.

**CODES:** The first diagnosis entered should be an indication of the primary reason the individual is receiving services and should be either Axis I or Axis II. Enter up to four (4) Axis I or Axis II diagnoses. Enter one (1) Axis III diagnosis in the last section of Field 12 when applicable.

**PURPOSE:** This information will be used to provide a description of client/consumers served.

The issue of concurrent disabilities among client/consumers who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance abuse problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental disabilities or mental retardation. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the client/consumer is appropriate, and, significantly, for whether client/consumers who are multiply disabled place greater demands on the resources of an organization.



**COUNTY OF RESIDENCE (Field 13)**  
**REQUIRED**

**DEFINITION:** County where the client/consumer resides.

<b>CODES:</b>	01 Adams	37 Marathon
	02 Ashland	38 Marinette
	03 Barron	39 Marquette
	04 Bayfield	40 Milwaukee
	05 Brown	41 Monroe
	06 Buffalo	42 Oconto
	07 Burnett	43 Oneida
	08 Calumet	44 Outagamie
	09 Chippewa	45 Ozaukee
	10 Clark	46 Pepin
	11 Columbia	47 Pierce
	12 Crawford	48 Polk
	13 Dane	49 Portage
	14 Dodge	50 Price
	15 Door	51 Racine
	16 Douglas	52 Richland
	17 Dunn	53 Rock
	18 Eau Claire	54 Rusk
	19 Florence	55 St. Croix
	20 Fond du Lac	56 Sauk
	21 Forest	57 Sawyer
	22 Grant	58 Shawano
	23 Green	59 Sheboygan
	24 Green Lake	60 Taylor
	25 Iowa	61 Trempealeau
	26 Iron	62 Vernon
	27 Jackson	63 Vilas
	28 Jefferson	64 Walworth
	29 Juneau	65 Washburn
	30 Kenosha	66 Washington
	31 Kewaunee	67 Waukesha
	32 La Crosse	68 Waupaca
	33 Lafayette	69 Waushara
	34 Langlade	70 Winnebago
	35 Lincoln	71 Wood
	36 Manitowoc	72 Menominee
		73 Out of State

**PURPOSE:** This field allows multi-county agencies to identify specific counties within their reporting unit. Also allows for identifying those clients/consumers who are out of county residents.

## EPISODE CLOSING DATE (Field 14)

### OPTIONAL

- DEFINITION:** The date all mental health services are completed and the case is closed.
- CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.
- NOTE:** The module will automatically close an episode when all SPCs for this client/consumer have been closed for 90 days. The Episode Closing Date then becomes the date the last SPC was closed.
- PURPOSE:** This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

## SOCIAL SUPPORT (Field 15)

### OPTIONAL

- DEFINITION:** The client/consumer's family/interpersonal relationship status at time of admission in terms of the frequency and quality of contact.
- CODES:** Family/Marital/Interpersonal Relationships
- 01 Very frequent contact - positive contact
  - 02 Frequent or more often - usually positive contact
  - 03 Occasional or more often - contact sometimes positive, sometimes negative
  - 04 Contact is usually negative
  - 05 Little or no social support
- NOTES:** Social support is an overall assessment of the client/consumer's familial, marital, significant other, or close friend/intimate relationships as follows:
- |                           |   |
|---------------------------|---|
| <b>Positive</b>           | constructive, harmonious, compatible, close relationships with differences or conflicts being worked out; |
| <b>Negative</b>           | destructive, incompatible, distant relationships with unresolved differences or conflicts;                |
| <b>Very Frequent</b>      | at least daily;   |
| <b>Frequent</b>           | at least weekly;  |
| <b>Occasional</b>         | at least monthly;   |
| <b>Significant Others</b> | spouse, children, parent, or close friends or intimates.  |
- PURPOSE:** This data has implications for prognosis in terms of potential availability of a support system and figures significantly in the epidemiology of mental illness.

**NUMBER OF CHILDREN (Field 16a)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: The total number of client/consumer's children under the age of 18 years.

**NUMBER OF CHILDREN LIVING WITH THE CLIENT (Field 16b)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: Total number of children under the age of 18 years living with the client/consumer and for whom the client/consumer has custody.

PURPOSE: This data can be used to provide some indication of the client/consumer's support system.

**VETERAN STATUS (Field 17)**

OPTIONAL

DEFINITION: A veteran is any person who has served on active duty in the Armed Forces of the United States, including the Coast Guard. Not counted are those whose only service was in the Reserves, National Guard, or Merchant Marine.

CODES: N = No, not a Veteran  
Y = Yes, has served on active duty

PURPOSE: Veteran status may be associated with particular diagnostic clusters or presenting problems, and may also be a pointer for the need to check on client/consumer history in other mental health service systems.

**REFERRAL SOURCE (Field 18)****OPTIONAL**

**DEFINITION:** The individual or agency that referred the client/consumer for services.

**CODES:**

- 01 Self
- 02 Family or friend
- 03 Law enforcement (except court or correction agency)
- 04 Court or correction agency
- 05 School system or education agency
- 06 Social service agency
- 07 Inpatient or residential
- 08 Physician/health care provider
- 99 Other

**PURPOSE:** This is valuable information in a marketing sense, as well as in a clinical sense. Managerially, it is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

**CASE REVIEW DATE (Field 19)****OPTIONAL**

**DEFINITION:** Date when the case review or other agency activity is due to take place.

**CODES:** Enter the 8 digit date in the format month/day/full year.

**NOTES:** Order the L220 report.

**PURPOSE:** For local use in case monitoring/case management. This field is used for generating the L220 report which is sorted by Worker ID (Field 1).

**FAMILY ID (Field 20)****OPTIONAL**

**DEFINITION:** An agency assigned number that will link family members together.

**CODES:** Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client/consumer as the one the entire family will be grouped under on output reports. All other client/consumers in a given family grouping should be given the same Family ID but ending with a B.

**PURPOSE:** For local use in case monitoring/case management.

**LOCAL DATA (Field 21)****OPTIONAL**

**DEFINITION:** Agency defined.

**CODES:** Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect information needed by the agency.

**PURPOSE:** For local use in case monitoring/case management.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (SPC) (Field 22)**  
REQUIRED

**DEFINITION:** The specific service (SPC) provided to the client/consumer. The subprogram relates to narrower program initiatives and should be used if appropriate. The following are Mental Health module SPCs which require Unit of Service reporting. Any other appropriate SPCs provided to the client/consumer should be reported even though they may not be listed here. Do not use CORE Cluster SPC codes. SPCs are defined in Appendix D.

<b>SPC/SUB CODE</b>		<b>STANDARD PROGRAM CATEGORY NAME</b>	<b>UNITS TO BE REPORTED</b>
<b>Inpatient</b>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institution for mental disease	Days
<b>Residential</b>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
<b>Partial Day</b>			
108		Work related services	Hours
615		Supported employment	Hours
706		Day center services non-medical	Hours
<b>Outpatient</b>			
303		Juvenile probation and supervision	Hours
507		Counseling/therapeutic resources	Hours
507	10	Medication management	Hours
507	20	Individual	Hours
507	30	Group	Hours
507	40	Family (or couple)	Hours
507	50	Intensive in-home	Hours
507	60	Family support	Hours
704		Day treatment-medical	Hours
<b>Emergency</b>			
501		Crisis intervention	Hours
503	20	Emergency room – hospital setting	Hours
<b>Other</b>			
509		Community support	Hours
510		Comprehensive community services	Days
604		Case management	Hours

**CODES:** Enter the 3 digit SPC code (and the 2 digit subprogram code if applicable).

**PURPOSE:** This information is used to determine the type of services client/consumers receive; it is also used to develop cost centers for cost analyses.

### **SUBPROGRAM DEFINITIONS**

- 503/10 **Emergency detention (days)**  
Covered in the Wisconsin Mental Health Act, s. 51.15, Stats.
- 503/20 **Emergency room (hours) hospital setting**
- 507/10 **Outpatient - medication management**  
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.
- 507/20 **Outpatient - individual**  
Goal directed, face-to-face therapeutic intervention (including insight oriented, behavior modifying or supportive psychotherapy) with the eligible consumer that focuses on the mental health needs of the consumer.
- 507/30 **Outpatient - group**  
Goal directed, face-to-face therapeutic intervention with the eligible consumer and one or more consumers who are treated at the same time which focuses on the mental health needs of the consumers in the group. Group shall not exceed 10 clients/consumers and 2 therapists.
- 507/40 **Outpatient - family or couple**  
Goal directed face-to-face therapeutic intervention with a minimum of two family members that may include the consumer. Services may be in a clinic, home, community or educational setting.
- 507/50 **Outpatient - intensive in-home**  
Flexible, time limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24 hour accessibility by the family as needed, and intensive supervision by staff.
- 507/60 **Outpatient - family support**  
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified consumer while the caregiver is preparing meals or coming to the home to be sure that a child is up and ready to go to school.

**SPC START DATE (Field 23)**  
**REQUIRED**

- DEFINITION:** The date on which delivery of this SPC actually began.
- CODES:** Enter an 8 digit number in the format month/day/full year.
- PURPOSE:** The data collected here is used to separate closed services from active client/consumers within an SPC. When SPC End Date and/or Unit of Service information is added to this data, average length of service, service duration, and average service intensity information is generated.

**PROVIDER NUMBER (Field 24)**  
**REQUIRED**

- DEFINITION:** The number assigned by DHFS to identify the agency, facility, or person that is delivering the SPC to the client/consumer.
- CODES:** Enter the appropriate 10 digit identification number of the provider or worker who delivers this SPC to the client/consumer. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk. Worker ID numbers can also be used.
- NOTES:** See Appendix E of this handbook for instructions on requesting Provider Numbers. The terminal operator can do an on-line inquiry of HSRS provider numbers.
- PURPOSE:** This information is used to produce various reports for local agencies.



**UNITS - DAYS (Field 25)****REQUIRED FOR APPROPRIATE SPCS**

**DEFINITION:** The number of days of care provided for the following SPCs:

**Inpatient**

503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institute for mental disease	Days

**Residential**

202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days

**Other**

510		Comprehensive community services	Days
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**CODES:** Enter up to 3 digits.

**NOTES:** Inpatient or residential program codes not listed here may be used.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**UNITS - OTHER (Field 26)**  
**REQUIRED FOR APPROPRIATE SPCS**

**DEFINITION:** The number of program activity units the client/consumer has received.

**CODES:** This is a 5 digit field with a maximum of 2 decimal places. Enter the appropriate number of hours and fractions of hours to the nearest quarter hour for the following SPCs:

**Partial Day**

108	Work related services	Hours
615	Supported employment	Hours
706	Day center services non-medical	Hours

**Outpatient**

303	Juvenile probation and supervision	Hours
501	Crisis intervention	Hours
503	20 Emergency room	Hours
507	Counseling/therapeutic resources	Hours
507	10 Medication management	Hours
507	20 Individual	Hours
507	30 Group	Hours
507	40 Family (or couple)	Hours
507	50 Intensive in-home	Hours
507	60 Family support	Hours
704	Day treatment-medical	Hours
509	Community support	Hours
604	Case management	Hours

**NOTES:** Other non-inpatient or non-residential codes may be used.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**SPC END DATE (Field 27)**  
REQUIRED

DEFINITION: The date on which service in this SPC ended.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: When this information is added to SPC Start Date and/or Units of Service data reports can be generated identifying average lengths of service or service duration and/or average service intensity. This field is also used to separate closed from active client/consumers within an SPC.

**SPC CLOSING REASON (Field 28)**  
REQUIRED FOR MENTAL HEALTH SPCS LISTED IN FIELD 22.

DEFINITION: The reason the service (SPC) was closed.

NOTES: SPC Closing Reason is required for SPCs listed in Field 22 of the handbook and deskcard.

CODES:

	01	Completed service - major improvement
	02	Completed service - moderate improvement
	03	Completed service - no change
-----		
	04	Formally transferred to another community based resource
	05	Administratively discontinued service (i.e., no contact with agency for 90 days or noncompliance).
Treatment	06	Referred
Not	07	Withdrew against staff advice or services not wanted
Completed	08	Funding/authorization expired
	09	Incarcerated (local jail or prison)
	10	Entered nursing home or institutional care (IMD, RCC, etc.)
-----		
	11	No probable cause
	99	Death

**Level of Improvement Explanation (Major, Moderate, No Change)**

For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge.

Major improvement means that most or all areas have improved and there is a good prognosis;

Moderate means that some areas have improved but the prognosis is guarded or fair.

PURPOSE: To allow for evaluation of service outcome.

**DELIVERY MONTH/YEAR (Field 29)****REQUIRED**

- DEFINITION:** The month and year during which units of an SPC were delivered. If reporting quarterly, enter the third month of the quarter.
- CODES:** Enter a six digit number in the format of month/full year.
- PURPOSE:** To allow for production of reports connected to a particular month/year.

**SPC REVIEW DATE (Field 30)****OPTIONAL**

- DEFINITION:** The date when the next SPC review is due to take place.
- CODES:** Enter the 6 digit date in the format of month/full year.
- NOTES:** Order the L330 report.
- PURPOSE:** For local use in case monitoring/case management.

## **BRC TARGET POPULATION UPDATE (Field 31)**

### **REQUIRED**

**DEFINITION:** ***This is an update of the overall clinical assessment of service needs** (Field 10) and should reflect the *current* rating of the consumer's needs (the six month update). The six month update is required if the initial BRC code was H or L. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.*

**Persons in Need of Ongoing, High Intensity, Comprehensive Services** - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

**Persons in Need of Ongoing Low Intensity Services** - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and

increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in Need of Short-Term Situational Services** - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

**CODES:** H Persons in need of ongoing, high intensity, comprehensive services  
L Persons in need of ongoing, low intensity services  
S Persons in need of short-term situational services

**NOTES:** Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, 4.

When BRC Target Population is H, the Primary Diagnostic Impression must be from Axis I.

Entries to Field 31 have no effect on Field 10.

**PURPOSE:** To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

## PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS - DSM IV, AXIS IV (Field 32) REQUIRED

DEFINITION: **Current** problems that may affect the diagnosis, treatment and prognosis of mental disorders.

CODES:	<b>Code</b>	<b>Label</b>	<b>Acute Events</b>	<b>Enduring Circumstances</b>
	1	None	No acute events that may be relevant to the disorder.	No enduring circumstances that may be relevant to the disorder.
	2	Mild	Such as broke up with boy or girlfriend; started or graduated from school; child left home.	Such as family arguments; job dissatisfaction; residence in high crime neighborhood.
	3	Moderate	Such as marriage; marital separation; loss of job; retirement; miscarriage.	Such as marital discord; serious financial problems; trouble with boss; being a single parent.
	4	Severe	Such as divorce; birth of first child; trauma victim; witnessing violence (community or domestic).	Such as unemployment; poverty.
	5	Extreme	Such as death of spouse; serious physical illness diagnosed; victim of rape.	Such as serious chronic illness in self or child; ongoing physical or sexual abuse.
	6	Catastrophic	Such as death of child; suicide of spouse; devastating natural disaster.	Such as captivity as hostage; concentration camp experience.
	0	Inadequate Information		

NOTES: Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); relates not only to acute events but also to enduring circumstances.

PURPOSE: Provides well accepted information regarding level of stress and gives a more complete picture of the population being served.

**GLOBAL ASSESSMENT OF FUNCTIONING - DSM IV, AXIS V (Field 33)**  
**REQUIRED**

**DEFINITION:** The clinician's judgment of the individual's **current** overall psychological, social and occupational improvement/status.

**CODES:** Enter a specific 2 digit code.

<b>Code</b>	<b>Description</b>
-------------	--------------------

91 +	Superior functioning in a wide range of activities
81-90	Absent or minimal symptoms, good functioning in all areas
71-80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors
61-70	Some mild symptoms
51-60	Moderate symptoms
41-50	Serious symptoms
31-40	Some impairment in reality testing or communication
21-30	Behavior is considerably influenced by delusions or hallucinations
11-20	Some danger of hurting self or others
01-10	Persistent danger of severely hurting self or others
00	Inadequate information

**NOTES:** Further description of the GAF Scale can be found in the DSM-IV.

**PURPOSE:** Monitor, review and assess change in an individual's goal attainment over time. Proxy for adequacy of services and supports that are provided, given current functioning and symptoms.



## HEALTH STATUS (Field 34) REQUIRED

DEFINITION: This domain refers to the consumer's **current** physical health.

### CODES:

1 No Health Condition

2 Stable/**Capable**

Person **is capable** of seeking medical attention and is independent in management of health condition.

#### Stable Health Conditions

Has a health condition(s) and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections. This is not an inclusive list.

3 Stable/**Incapable**

Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

4 Unstable/**Capable**

Person **is capable** of seeking medical attention and is independent in management of health condition.

#### Unstable Health Conditions

Has a health condition(s) and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition(s). If more than one health condition, may result in complex medical treatments. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections. This is not an inclusive list.

5 Unstable/**Incapable**

Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

6 New Symptoms/**Capable**

Person **is capable** of seeking medical attention and independently follows through with recommendations.

#### New Symptoms

Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes (diarrhea or constipation), skin changes, falls, dizziness, weight loss/gain, fatigue, pain, tremors, loss of vision/hearing, infections. This is not an inclusive list.

7 New Symptoms/**Incapable**

Person **is incapable** or unwilling to seek medical attention and does not follow through with recommendations.

9 Unknown

NOTES: This field is not intended to reflect the availability of service or the ability of the consumer to afford the cost of a service.

**PURPOSE:** A consumer's ability or inability to access medical care for health conditions may impact his/her mental health status and overall functioning. A consumer's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. May indicate necessity of coordinating treatment and/or the potential of drug interaction.

**HEALTH CARE APPOINTMENT (Field 35)**  
REQUIRED

**DEFINITION:** This domain refers to whether the consumer has accessed health care in the ***past six months***.

**CODES:** Enter three.

	<b>Kept Appointment or No Appointment Needed</b>	<b>Unable to Access Needed Services</b>	<b>Did Not Keep or Refused Appointment</b>	<b>Unknown</b>
Health care appointment	1	2	3	9
Vision care appointment	1	2	3	9
Dental care appointment	1	2	3	9

**NOTES:** Unable to Access Needed Services includes: No provider available, no transportation available, unable to pay for services, provider refused to accept consumer.

**PURPOSE:** Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public mental health consumers.

**SUICIDE RISK (Field 36)**  
**REQUIRED**

**DEFINITION:** Identify the presence of suicide risk factors and reflect the **current** status.

<b>CODES:</b>	<b>Code</b>	<b>Label</b>	<b>Definition</b>
	1	No risk factors	
	2	Presence of risk factors	Presence of risk factors, but no immediate risk. Risk factors include: <ul style="list-style-type: none"><li>• Family history of mental or substance abuse disorder</li><li>• Family history of suicide</li><li>• Firearm in the home</li><li>• Incarceration</li><li>• Adverse life events/major personal loss</li><li>• Family violence, including physical or sexual abuse</li></ul>
	3	High potential for suicide	Has at least one of these risk factors: <ul style="list-style-type: none"><li>• Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt</li><li>• Severe hopelessness</li><li>• Presence of a suicide note</li><li>• Contemplation or use of a violent or especially lethal method</li><li>• Affirmation of intent to kill self</li><li>• Making out a will or giving away favorite possessions</li><li>• Inappropriately saying goodbye</li><li>• Explicit statements of suicidal ideation or feelings</li></ul>
	9	Unknown	

**PURPOSE:** To determine risk level of potential suicide of population in public mental health service system.

**RESIDENTIAL ARRANGEMENT (Field 37)**  
REQUIRED

DEFINITION: The category that describes the consumer's **current** residential situation.

CODES:	Code	Label	Definition/Example
	1	Street or shelter	Homelessness; transient, hotel
	2	Private residence or household	Such as apartment or house; owned or rented
	3	Supported or semi supervised residence	Board and care, supervised apartments, YMCA/YWCA, safe house for children
	4	Specialized facility - on-site supervision	Such as assisted living facility, residential care apartment complex, adult family home, CBRF, halfway house, group home, adult foster home, foster/respite care, treatment foster care, residential care center, domestic abuse shelter
	5	Other institution	Such as hospital, nursing home, IMD, DD center, state institution
	6	Jail or correctional facility	

PURPOSE: Describes where the person lives and change of that residence over time.

**DAILY ACTIVITY (Field 38)**  
REQUIRED

DEFINITION: The **current** planned activity (including education) of the consumer. Does not include employment activities. Must enter one and may enter up to three codes.

CODES:	Code	Label	Definition/Example
	1	No educational, social, or planned activity	Not in job training, not in school
	2	Part-time educational activity	Part-time appropriate to the type of school (elementary, high school, college, technical)
	3	Full-time educational activity	Full-time appropriate to the type of school (elementary, high school, college, technical)
	4	Meaningful social activity	Socializing, support network, routine
	5	Volunteer or planned formal activities	Clubs, drop-in
	6	Other activities	Activities of homemaking, caregiving
	9	Unknown	Information not available

PURPOSE: Provides a measure of consumer's level of independence and involvement in the community.

**EMPLOYMENT (Field 39)**  
**REQUIRED**

DEFINITION: The **current** employment activity of the consumer. Enter one code.

CODES:	<b>Code</b>	<b>Label</b>	<b>Definition/Example</b>
	1	Competitive	Employment (part or full-time) in a real (i.e., market) job
	2	Temporary	Include seasonal employment
	3	Supported	Competitive employment with ongoing long-term support (i.e., the consumer and their employer are actively supported by a CSP team) to structure the job or work environment
	4	Sheltered	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
	5	Prevocational activity	Job training, transitional, vocational rehab
	6	Not working	Wants to work, looking for work and available to accept a job
	7	Unemployed/retired	Uninterested in employment
	8	Other status	Homemaker, student, caregiver, SSI disabled
	9	Not in the labor force	Institutionalization, incarceration, medical reason, other
	99	Unknown	

PURPOSE: Provides a measure of consumer's level of independence.

**EMPLOYMENT LEVEL (Field 40)**  
**REQUIRED**

DEFINITION: If employed (Field 39 codes 1-5), indicate the current hours worked per the following categories.

CODES:	<b>Code</b>	<b>Label</b>	<b>Definition</b>
	1	Full-time	Totaling 35 or more hours per week. Includes working both full-time and part-time jobs
	2	Part-time	20 - 34 hours per week
	3	Other part-time	Less than 20 hours per week

**LEGAL/COMMITMENT STATUS UPDATE (Field 41)**  
**REQUIRED**

**DEFINITION:**           **Voluntary** - a person who voluntarily seeks service.

**Involuntary Civil** - a person committed for a noncriminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

**Involuntary Criminal** - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial
- found not guilty by reason of insanity or guilty but insane
- transfers from correctional institutions

**CODES:**

- 1 Voluntary (No commitment status)
- 2 Voluntary with settlement agreement
- 3 Involuntary civil - Chapter 51
- 4 Involuntary civil - Chapter 55
- 5 Involuntary criminal
- 6 Guardianship

**NOTES:**               This field relates specifically to CH 51 and CH 55 and represents an updated commitment status of the client/consumer.

**PURPOSE:**           Identify the category that reflects the consumer's current commitment status. This field is a point in time update of the information provided at episode beginning.

## INCARCERATION/INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM (Field 42) REQUIRED

DEFINITION: Within the ***last six months***. Must enter one; may enter up to four.

Probation	The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.
Jailed	Means county jails.
Imprisoned	Means state prisons, federal prisons, or forensic units of state hospitals.
Parole	Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.
Juvenile Justice System	<ul style="list-style-type: none"><li>• Juvenile Correction Institution (JCI)</li><li>• Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI</li><li>• Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17</li></ul>

### CODES:

Code	Term
1	None
2	On probation
3	Arrest(s)
4	Jailed/imprisoned (includes Huber)
5	On parole
6	Juvenile justice system contact
9	Unknown

PURPOSE: To measure level of MH consumer criminal justice involvement.

**FINANCIAL SUPPORTS (Field 43)**  
**REQUIRED**

**DEFINITION:** Identify the consumer's primary source(s) of financial support. Must enter one, may enter four; include all that apply for the **current** point in time.

**CODES:**

- 1 Paid employment
- 2 Social Security retirement benefits/pension
- 4 Disability payments - VA or private policy
- 5 Worker's compensation
- 6 Food stamps
- 7 Temporary Assistance for Needy Families (TANF) - formerly AFDC
- 8 Trust funds/savings income
- 9 Alimony/maintenance, child support
- 10 Unemployment compensation
- 11 Relatives and/or spouse
- 12 Rent supplements - HUD, Section 8
- 13 County cash assistance - county replacement for General Relief
- 14 None
- 15 Other
- 16 Supplemental Security Income (SSI)
- 17 Social Security Disability Income (SSDI)
- 99 Unknown

**PURPOSE:** Provides information on how individuals support themselves.



## **BIRTH TO 3 PROGRAM MODULE**

### **GENERAL INFORMATION**

Birth to 3 is a comprehensive, statewide system of community-based, family-centered services for young children and their families. The program is designed to assist families in meeting the special developmental needs of their infants and toddlers with developmental delays or disabilities. The Department of Health and Family Services (DHFS) is the lead agency for this interdisciplinary program that brings together resources from the fields of education, health, and social services to meet the special needs of these young children and their families. Services for a particular child or family are identified on an individualized basis depending on the strengths and needs of the child and the concerns and priorities of the family.

Reporting for the Birth to 3 Program is required by chapter HFS 90.05(3)(a) and 90.06(2)(o), Wis. Administrative Code. Data from the reports are used to meet the December 1 Child Count reporting requirements of the U.S. Department of Education, Office of Special Education and Rehabilitative Services, as authorized under 20 U.S.C. 1476(b)(14) and 1418(b)(1) and (5). Data retrieved from the Birth to 3 module is also used in preparation of the Annual Report submitted to the Governor and each house of the legislature. HSRS child count data is used as a part of the state allocation methodology for new funds.

For reporting purposes, a client is a child who has been found eligible for Birth to 3 services and has an Individualized Family Service Plan (IFSP) in place.

### **REPORTING FREQUENCY**

Data must be entered on the Birth to 3 module quarterly for all children participating in the Birth to 3 Program. The data at the end of each quarter (March 30, June 30, September 30, and December 30) must accurately reflect current information about all children in the county system, active or closed. This is particularly important now that the HSRS data is used to determine if therapy providers should receive enhanced reimbursement for therapy provided to eligible Birth to 3 children in natural environments. All children who have IFSPs in place on December 1 must be entered by December 30 to ensure accurate child count reporting to the Federal government.

When children leave the Birth to 3 Program, close the module by the end of the quarter and no later than December 30. There is no requirement for monthly or semimonthly reporting, although the option to use the system on a monthly basis is available to counties.

REGISTRATION - Screen 68				MODULE TYPE 0				
1 Worker ID			2 Client ID			3 Social Security Number		
4a Last Name			4b First Name			4c Middle Name		
4d Suffix								
5 Birthdate (mm) (dd) (yyyy)		6 Sex F M	7a Hispanic / Latino  Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native  W = White			8 Client Characteristics	
9 Referral Date		10 Referral Source	11 County of Residence		12 Location of Services Primary		13 Start Date	
14 Closing Date		15 Closing Reason	16 Transition Planning Conference Date					

[illegible]

Street Address		City		State	Zip Code
County	Telephone Number (      )	Case Review Date	Diagnosis	Family ID	
Local Data			Shaded areas are optional.		

**Shaded areas are optional.**

**WORKER ID (Field 1)****OPTIONAL**

DEFINITION: The worker collecting the Birth to Three Program information on the client.

CODES: Enter the ten digit number identifying the person collecting the client information.

NOTES: Must be 10 digits and must be a valid number on the HSRS Worker File.  
This field may be used for sorting and distribution of output reports.

**CLIENT ID (Field 2)****REQUIRED - COMPUTER GENERATED**

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three data elements, full legal name, birthdate, and sex, produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if name is reported.

**OR**

Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.

NOTES: The ID will be generated and returned on the terminal entry screen. Copy ID down or print the screen. Once the ID number is generated, use it on all future input.

**SOCIAL SECURITY NUMBER (Field 3)****REQUIRED**

CODES: Enter the client's 9 digit Social Security Number. Leave blank if the number is not available.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 4a - d)**  
REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

**BIRTHDATE (Field 5)**  
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.  
Example - May 16, 1996 is 05161996.

**SEX (Field 6)**  
REQUIRED

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**  
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 7b)**  
**REQUIRED**

**DEFINITION:** The race of the client as determined by the client's parents or guardian. Code as many as apply up to all five.

**CODES:** A =Asian  
B =Black or African American  
W =White  
P =Native Hawaiian or Pacific Islander  
I =American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaska Native:** All persons having origins in any of the original people of North, South and Central America.

**CLIENT CHARACTERISTICS (Field 8)**  
**REQUIRED**

**DEFINITION:** Describes the child according to selected personal, social, and Demographic factors that are of interest to the agency. Code as many as apply, up to three.

**CODES:**

07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
85	Severe health impairments
86	Severe emotional disturbance
78	Communication delay
19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism spectrum
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown - use for children who are significantly delayed without one of the above diagnoses. Change code when diagnosis is established.

**NOTES:** Update this field as appropriate.  
Definitions can be found in the CORE section (Field 7) of this handbook.

**REFERRAL DATE (Field 9)**  
**REQUIRED**

**DEFINITION:** The date on which the primary point of referral receives the referral of the child.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**REFERRAL SOURCE (Field 10)**  
**REQUIRED**

**DEFINITION:** The person or agency that contacts the point of referral to make the referral for the child.

<b>CODES:</b>	02	Parent or relative
	04	Hospital or specialty clinic
	05	School district
	23	Tribal school or Head Start program
	08	Physician
	11	County social services agency
	22	CAPTA referral
	15	Public health agency
	16	Head Start provider
	17	Child care provider
	18	Tribal health center or tribal CSHCN
	19	CSHCN regional center
	20	Other health care provider
	21	Other county staff
	99	Other
	04	<b>Hospital or specialty clinic</b> - includes physicians or other staff in hospitals, neonatal intensive care units (NICU), specialty care clinics.
	08	<b>Physician</b> - refers to the primary care physician for the child such as pediatrician, family care physician.
	11	<b>County social services agency</b> - includes economic support staff and child protective services if abuse or neglect of child has not been substantiated. Use code 22 if the referral is for a child with substantiated abuse or neglect.
	15	<b>Public health agency</b> - includes public health department nurses, WIC clinic personnel, home visitors employed by public health department.
	16	<b>Head Start provider</b> - includes Early Head Start and Head Start providers. Tribal Head Start programs should be coded 23.
	17	<b>Child care provider</b> - includes groups or family child care providers.
	20	<b>Other health care provider</b> - includes health care providers not listed above.
	21	<b>Other county staff</b> - includes staff not listed above from a human service department or department of community programs.
	22	<b>CAPTA referral</b> - child has been referred under the requirements of Child Abuse Prevention and Treatment Act (CAPTA) due to a substantiated case of abuse or neglect.
	99	<b>Other</b> - refers to non-health care providers.

**REFERRAL SOURCE (Field 10) - continued**

**PURPOSE:** Identifying referral sources will help evaluate the success of outreach, child find efforts, and interagency coordination at the local and state level. Programs will be able to analyze their success in reaching special target groups and identify specific groups for outreach. The information may assist programs in identifying other agencies the family is connected with.



**COUNTY OF RESIDENCE (Field 11)**  
**REQUIRED**

**DEFINITION:** The county in which the child being served by this program lives.

<b>CODES:</b>	01 Adams	37 Marathon
	02 Ashland	38 Marinette
	03 Barron	39 Marquette
	04 Bayfield	40 Milwaukee
	05 Brown	41 Monroe
	06 Buffalo	42 Oconto
	07 Burnett	43 Oneida
	08 Calumet	44 Outagamie
	09 Chippewa	45 Ozaukee
	10 Clark	46 Pepin
	11 Columbia	47 Pierce
	12 Crawford	48 Polk
	13 Dane	49 Portage
	14 Dodge	50 Price
	15 Door	51 Racine
	16 Douglas	52 Richland
	17 Dunn	53 Rock
	18 Eau Claire	54 Rusk
	19 Florence	55 St. Croix
	20 Fond du Lac	56 Sauk
	21 Forest	57 Sawyer
	22 Grant	58 Shawano
	23 Green	59 Sheboygan
	24 Green Lake	60 Taylor
	25 Iowa	61 Trempealeau
	26 Iron	62 Vernon
	27 Jackson	63 Vilas
	28 Jefferson	64 Walworth
	29 Juneau	65 Washburn
	30 Kenosha	66 Washington
	31 Kewaunee	67 Waukesha
	32 La Crosse	68 Waupaca
	33 Lafayette	69 Waushara
	34 Langlade	70 Winnebago
	35 Lincoln	71 Wood
	36 Manitowoc	72 Menominee

**NOTES:** The county may or may not be the same as the county providing services to the child.

**LOCATION OF SERVICES (Field 12)**  
**REQUIRED**

**DEFINITION:** The environment in which services are provided. Enter the primary location of services first. Code as many as apply up to three.

- CODES:**
- 1 Home
  - 2 Family child care - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
  - 3 Child care center - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
  - 4 Outpatient services - are services provided at a center, clinic, or hospital where the child comes for short periods of time to receive services. These services may be delivered individually or to a small group of children.
  - 5 Early intervention center - is a setting which refers to an organized program of at least 1 hour in duration provided on a regular basis. This is a setting designed for children with developmental delays or disabilities.
  - 6 Hospital - child must be receiving service on an inpatient basis.
  - 7 Residential - refers to a treatment facility which is not primarily medical in nature, where the child resides in order to receive early intervention services.
  - 8 Other setting - is any service setting not included above. For example, if the child receives no direct services, count as Other.
  - 9 Other program designed for typically developing children. Most of the children in this setting do not have disabilities.

**START DATE (Field 13)**  
**REQUIRED**

**DEFINITION:** The date when the initial IFSP is developed.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**CLOSING DATE (Field 14)**  
**REQUIRED**

**DEFINITION:** The date the child leaves the Birth to 3 Program and no longer receives early intervention services. In most cases, this date should be no later than the child's third birthday. If the child receives services past the third birthday as part of transition follow-up, the closing date may be as late as 30 days past the third birthday. If the child has an IEP in place and receives continued services during the summer from the Birth to 3 Program, use the last date of services.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**CLOSING REASON (Field 15)  
REQUIRED**

DEFINITION: The reason the child is leaving the program in the county.

- CODES:
- 21 Turned 3, eligible for early childhood special education.
  - 22 Turned 3, not eligible for early childhood special education. Referred to other programs.
  - 23 Turned 3, not eligible for early childhood special education. Not referred to other programs.
  - 24 Turned 3, special education eligibility not completed.
  - 25 No longer in need of services. Successful completion of the IFSP prior to age 3.
  - 26 Family chose to discontinue services
  - 27 Moved within state
  - 28 Moved out of state
  - 29 Death of child
  - 30 Attempts to contact the family were unsuccessful. Child under 3 and has an active IFSP. Include any other reasons for exiting prior to age 3.
  - 31 Turned 3, but parents did not consent to transition planning.
  - 32 Turned 3, not referred for an evaluation.

**CLOSING REASON DEFINITIONS**

- 21 **Turned 3, eligible for early childhood special education** - is for a child served in the Birth to 3 Program who reached maximum age and was determined to be **eligible** by an IEP team for early childhood special education services or related services (or speech therapy) during the reporting period.
- 22 **Turned 3, not eligible for early childhood special education. Referred to other programs** - includes a child served in the Birth to 3 Program who reached maximum age and was determined by an IEP team not to be eligible for early childhood special education services. The Birth to 3 Program staff discussed and explored other options at age 3 with the parents.
- 23 **Turned 3, not eligible for early childhood special education. Not referred to other programs** - is used for a child served in the Birth to 3 Program who reached maximum age and was determined by the IEP team **not to be eligible** for early childhood special education services. The Birth to 3 Program staff did not discuss other options at age 3 with the parents during a transition
- 24 **Turned 3, special education eligibility not completed** - is used for a child who was referred for an evaluation to determine special education eligibility but eligibility has not yet been determined by an IEP team. See items 31 and 32 for reasons in which the child turned 3 but was not referred for a special education evaluation.

## **CLOSING REASON DEFINITIONS - continued**

- 25 **No longer in need of services. Successful completion of the IFSP prior to age 3** - is used for a child who has met the outcomes on his or her IFSP, and no longer requires services under the Birth to 3 Program. The IFSP team, including the parents, makes this determination.
- 26 **Family chose to discontinue services** - is used for a child whose parents declined all services after an IFSP was in place and provided written or verbal indication of withdrawal from services.
- 27 **Moved within state** - is used for a child who moved within Wisconsin during the reporting period. This definition includes a child for whom services are known to be continuing in another county.
- 28 **Moved out of state** - is used for a child who moved out of Wisconsin during the reporting period.
- 29 **Death of child** - is used for a child who died during the reporting period.
- 30 **Attempts to contact the parent and/or child were unsuccessful. Child is under 3 and has an active IFSP. Include other reasons for exiting prior to age 3** - is used for a child with an active IFSP who has not reached the maximum age and for whom Birth to 3 personnel have been unable to contact or locate the family or child after repeated, documented attempts.
- 31 **Turned 3, but parents did not consent to transition planning** - is used for a child who was not referred for an evaluation to determine special education eligibility because the parents did not consent.
- 32 **Turned 3, not referred for an evaluation** - is used for a child who was not referred for an evaluation because it was believed that he or she is not a child with a disability (as defined by special education law).

## **TRANSITION PLANNING CONFERENCE DATE (Field 16)**

### **REQUIRED WHEN APPLICABLE**

**DEFINITION:** The date of the child's transition planning conference. This includes transition planning for children not going to early childhood special education. Leave blank if child has not had a transition planning conference.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**SERVICE (Field 17)****REQUIRED**

DEFINITION: The services provided to the child.

CODES:	01	Assistive technology	09	Occupational therapy
	02	Audiology	10	Physical therapy
	03	Communication services	11	Psychological services
	04	Family education and counseling	12	Social work
	05	Health services	13	Special instruction
	06	Medical services	14	Transportation
	07	Nursing services	15	Vision services
	08	Nutrition services	16	Other
			17	Service coordination

NOTES: Services default to SPC 706 Day Center Services-non-medical.  
Target Group defaults to 64 Children and Family.

**SERVICE START DATE (Field 18)****REQUIRED**

DEFINITION: The projected date of initiating each service as written on the IFSP.

CODES: Enter an 8 digit number in the format month/day/full year.

**SERVICE END DATE (Field 19)****OPTIONAL**

DEFINITION: The date on which delivery of this service ended.

CODES: Enter an 8 digit number in the format month/day/full year.

**UNITS (Field 20)****OPTIONAL**

DEFINITION: The number of service activity units the client has received. The type of units reported is at each agency's discretion and will only have local meaning.

CODES: Enter up to 3 whole numbers and 2 decimal places.

**DELIVERY DATE - MONTH/YEAR (Field 21)**

OPTIONAL

DEFINITION: The month and year during which units of a service were delivered.

CODES: Enter a 6 digit number in the format month/full year.

NOTES: Will default to the current month and year the data is being keyed.

**PROVIDER NUMBER (Field 22)**

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the service to the child.

CODES: Enter the 10 digit identification number of the provider.

NOTES: Provider numbers are assigned by the State and may be obtained by sending an e-mail message, faxing or mailing a request to the SOS Desk. (See Appendix E.)

**SERVICE REVIEW DATE - MONTH/YEAR (Field 23)**

OPTIONAL

DEFINITION: The date when the next review of this service is due to take place.

CODES: Enter the 6 digit date in the format month/full year.

NOTES: Order the L-330 (Review Date Tickler) to get a listing of reviews due.

## **LONG-TERM SUPPORT MODULE**

### **COMMUNITY OPTIONS PROGRAM**

The Community Options Program (COP) is Wisconsin's state funded nursing home preadmission screening and diversion program. In each county, the program is administered by a lead agency. The lead agency can be a human services department, a department of social services, a department of community programs or a joint department of community programs - department of social services, and aging departments.

### **MA COMMUNITY WAIVERS**

The Medicaid Home and Community Based Services waivers permit the use of Medicaid funding to provide home and community based services not ordinarily allowed as state plan services under Wisconsin's Medical Assistance Program (WMAP).

#### **CIP II AND COP-W**

CIP II and COP-W provide funding for community services for elderly and physically disabled persons who are relocated or diverted from nursing homes. Some developmentally disabled persons who do not require active treatment may also be served under these waivers.

#### **COMMUNITY INTEGRATION PROGRAM 1A (CIP 1A)**

CIP 1A provides funding for community services for persons with developmental disabilities who are relocated or diverted from any of Wisconsin's State Centers for the Developmentally Disabled.

#### **COMMUNITY INTEGRATION PROGRAM 1B (CIP 1B)**

CIP 1B provides funding for persons relocated or diverted from ICF/MR facilities other than State DD Centers or from any licensed general nursing home.

#### **BRAIN INJURY WAIVER (BIW)**

The Brain Injury Waiver (BIW) provides funding for persons with traumatic brain injuries who are relocated or diverted from nursing home or hospital units designated by the Wisconsin Medical Assistance Program (WMAP) as facilities for brain injury rehabilitation.

#### **CHILDREN'S LONG-TERM SUPPORT WAIVERS (CLTS-W)**

CLTS-W are three separate Home and Community Based Services intended to provide support to families with children that have needs associated with developmental disability, physical disabilities, or severe emotional disturbances/mental illness. Services are intended to support continued community living at home with natural families.

#### **ICF-MR RESTRUCTURING INITIATIVE**

This initiative allows counties to have access to the funds that pay for individuals with a developmental disability in an ICF-MR or nursing home. The county may use the funds available for an individual to continue their residence in the ICF-MR or they may choose to relocate him or her to the community. The county will access community services for the person through the CIP 1B Home and Community Based Waiver. The initiative also restricts admissions to private or county operated ICF-MR facilities.

## **COMMUNITY INTEGRATION PROGRAM CIP 1A AND 1B**

The Community Integration Program 1A (CIP 1A) provides the option of living in the community and receiving community services. It serves individuals relocated or diverted from any of Wisconsin's three Centers for the Developmentally Disabled. CIP 1A allows the cost of covered home and community based services to be reimbursed by Medicaid. The program uses an individualized service planning process and promotes the integration of persons with developmental disabilities into the life of their communities. CIP 1A promotes the use of independent living arrangements or small residential settings and integrated work or educational sites as the preferred setting for services.

The Community Integration Program 1B (CIP 1B) provides the option of home and community based services to persons with developmental disabilities who would otherwise be served in any type of ICF-MR or nursing home excluding the State Centers for DD. Specifically, CIP 1B serves persons with a developmental disability who were residents of a Intermediate Care Facility for the Mentally Retarded (ICF-MR) other than the Centers for the Developmentally Disabled and relocate to the community or people who are eligible for admission to ICF/MR. CIP 1B is identical to CIP 1A in the types of services covered. Most of the administrative requirements of the program are the same as well.

An individual already living in the community may become a CIP 1A or 1B participant (with the approval of BDDS - Community Integration Specialists [CIS]), if they replace a CIP 1A or 1B participant previously living in the community, who left the program. In CIP 1B an individual living in the community may also enroll in CIP 1B if they receive approval/further service plan by State CIS.

Because CIP 1A and 1B must meet federal (as well as state) reporting requirements under the Medicaid program, the program participant (i.e., the Medicaid eligible individual for whom an individual service plan has been developed) must be reported on the HSRS.

CIP 1A/B also provide various options for waiver participants to manage their own services.

## **BRAIN INJURY WAIVER (BIW)**

The Brain Injury Waiver (BIW) provides funding for the same home and community based services as CIP 1A and CIP 1B but serves only persons who have a brain injury as defined in 51.01(2)(g), Wis. Stats.

Brain injury is defined as any injury to the brain, regardless of age of onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury. It includes injuries that are vascular in origin (CVA or aneurysm) if received by a person prior to his or her attaining the age of 22 years. Brain injury does not include alcoholism, Alzheimer's disease or other infirmities of aging.



In addition, persons must be receiving, or be eligible to receive, postacute rehabilitation services in a nursing home or hospital designated as a special unit for brain injury rehabilitation by the WMAP. The person has as a result of the injury significant physical, cognitive, emotional and/or behavioral impairments, which meet the level of care as defined in the WMAP, prior authorization for admission to a nursing home or hospital designated for brain injury rehabilitation, and which are expected to continue indefinitely. Persons meeting the above criteria will be eligible for the waiver if:

1. The person is in a nursing home or hospital designated as a facility for brain injury rehabilitation by the WMAP, is receiving services under the WMAP and further inpatient rehabilitation is not required, but the person needs a high level of intense and continuous rehabilitation (supervision and services) available under the waiver to reenter the community.

OR

2. The person has been referred for placement in such a facility, is MA eligible and meets the level of care for admission, but intensive services under the waiver could be provided in the community in lieu of placement.

Level of care and prior authorization for admission are determined by the Division of Health, Bureau of Health Care Financing.

The BIW covers the same services as CIP 1A and CIP 1B. The BIW must meet federal and state reporting requirements under the Medicaid program and is to be reported on the HSRS.

### **CHILDREN'S LONG-TERM SUPPORT WAIVERS**

Children with long-term support and special health care needs in Wisconsin have available to them a variety of program supports and services. The children's redesign initiative includes three federal home and community based services waivers, as well as coordination with other funding resources such as Family Support and Community Options Programs. There are also related administrative efforts for intake, referral, coordination and quality assurance with the intent to better coordinate supports for children with long-term support and special health care needs.

The new waivers include one for children with a developmental disability, one for children with a physical disability and one for children with severe emotional disturbances or mental illness. Within the DD and MH CLTS Waivers, children with autism have coverage for an intensive in-home autism service that was previously available through the Medicaid State Plan. A child will only be eligible for the specialized service for a three year period but then will be eligible for other ongoing waiver services up to the age of 22.

CLTS-W also provides various options for waiver participants to manage their own services.

### **REGISTER OF ELIGIBLE APPLICANTS**

County agencies are required to register on the Human Services Reporting System applicants of any age who, based on a preliminary review of functional and financial eligibility, are likely to meet the functional and financial eligibility, are likely to meet the criteria for COP or Medicaid waivers participation but who are not yet receiving funding. The purpose of using HSRS to register these applicants is to build a statewide registry containing standardized information that may be used to do effective program planning.

Persons to be entered on this HSRS applicant registry include those who are:

- Currently in an institution and who request COP or Medicaid waivers services; or,
- Currently receiving **no** publicly funded community long-term care services; or,
- Currently receiving **some** publicly funded community long-term care services, but **not** from COP or a Medicaid waiver.

**Note:** Participants who are already receiving COP or Medicaid waiver funded services are **not** to be placed on this registry.

## **ICF-MR RESTRUCTURING INITIATIVE**

The ICF/MR Restructuring Initiative applies to individuals who have a developmental disability level of care and who resided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or nursing home in 2004.

The ICF/MR Restructuring Initiative provides two fundamental changes: (1) New admission restrictions and corresponding changes in periodic review processes, and (2) Realignment of funding mechanisms and responsibilities, so that funding that currently supports a person in an ICR/MR can follow that person into the community.

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**

Division of Disability and Elder Services  
DDE-2018 (Rev. 01/2006)

**STATE OF WISCONSIN**

SOS Desk (608) 266-9198

Completion of this form meets the requirements of  
the State / County contract specified under the  
Wisconsin Statutes. S. 46.031(2g).

P.L. 97-35; Federal Regulations: 42 CFR 441

**HSRS LONG-TERM SUPPORT MODULE**
**MODULE TYPE A**

REGISTRATION - Screen L1 N / U / I / E (Module Key: )													
1 Worker ID		2a Last Name				2b First Name		2c Middle Name		2d Suffix		3 MA Number (10 digits) OR SSN (9 digits)	
4 Client ID		5 Birthdate (mm/dd/yyyy)		6 Sex <input type="checkbox"/> F <input type="checkbox"/> M		7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		7b Race (Circle up to 5) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander				8 Client Characteristics	
9 Level of Care		10 Marital Status		11 Living Arrangement Prior Current People		12 Natural Support Source		13 Type of Movement / Prior Location (Check 1) (Optional for COP assessment, plan, applicant register) <input type="checkbox"/> Relocated from general nursing home <input type="checkbox"/> Relocated from ICF / MR facility <input type="checkbox"/> Diverted from entering any type of institution <input type="checkbox"/> Relocated from brain injury rehab unit					
14 Special Project Status		15 County of Fiscal Responsibility		16 Court Ordered Placement <input type="checkbox"/> Yes <input type="checkbox"/> No		17 MA Waiver Financial Eligibility Type <input type="checkbox"/> Categorically eligible <input type="checkbox"/> Categorically financially eligible - special income limit <input type="checkbox"/> Medically needy <input type="checkbox"/> COP eligible				18 Indicator for Waiver Mandate (Optional for COP assessment, plan, applicant register) <input type="checkbox"/> MA Waiver eligible <input type="checkbox"/> Not MA Waiver eligible <input type="checkbox"/> MA Waiver eligible but exempt			
SERVICES - Screen L2 U//E (Module Key: )								*Provider Number Required for SPCs:					
19 Episode End Date		20 Closing Reason		CIP1, CLTS-W, BIW Only						102 Adult day care 202/01/02 Adult family home 506 CBRF 604 Supportive and service coordination (CIP1A, 1B, BIW, CLTS-W) 711 Residential care apt. complex 896 ICF-MR/NH residents			
				21 Slot Number		22 Start Date		23 End Date					
				STATE USE ONLY		STATE USE ONLY							
PGM No	24 SPC/Subprogram		25 Target Group	26 LTS Code	27 Funding Source	28 SPC Start Date		29 SPC End Date		30 Provider Number * Required for some SPCs		31 SPC Review Date mm yyyy	
OPTIONAL DATA - Screen 18												NOTE: Street address, city, state, zip code and county are required for CIP 1A, 1B, BIW and CLTS-W.	
Street Address					City			State	Zip Code		County		Telephone ( )
Case Review Date			Diagnosis		Family ID			Local Data		Shaded areas are optional.			

UNITS / COSTS - Screen L3 U / I (Module Key: )

PGM No	32 Units	33 Costs	34 Delivery Date mm yyyy
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**WORKER ID (Field 1)**

OPTIONAL

- DEFINITION: The worker collecting the Long-Term Support data on the participant.
- CODES: Enter the ten digit code identifying the person collecting the data on the participant.
- NOTES: Must be 10 numbers. Must be a valid number from the HSRS worker or provider file.
- This field may be used for the sorting and distribution of output reports.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 2a-2d)**

REQUIRED

- DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used. Using only full legal name for all clients throughout the state will help to protect the integrity of the unique Client ID number.
- CODES: Enter the full legal name of the client. If the client has no legal first name, then enter the word None. If no middle name and/or suffix, leave those fields blank. If more than one middle name, use the first middle name.
- NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, spaces between letters within the name, or any other punctuation marks are accepted. Hyphenated names should be written without a hyphen or space between the names.

**MA OR SOCIAL SECURITY NUMBER (Field 3)**

MA NUMBER REQUIRED IF APPLICABLE

OPTIONAL - SOCIAL SECURITY NUMBER

- DEFINITION: The medical assistance identification number or social security number which has been assigned to this client.
- CODES: Enter the client's 10 digit medical assistance number, or the 9 digit social security number.

**CLIENT ID (Field 4)****REQUIRED - COMPUTER GENERATED**

**DEFINITION:** A unique computer generated identifier for each individual reported on HSRS. Three elements, full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.

**CODES:** Leave blank if none is known to exist for this person.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

OR

If the ID is already generated, enter the 14 character HSRS Client Identification number - one letter followed by 13 numbers.

**NOTES:** If a person receiving a LONG-TERM SUPPORT service is already registered on HSRS (on CORE or another Module), you should enter the client ID and skip name, birthdate, sex, Hispanic/Latino indicator and race.

**BIRTHDATE (Field 5)****REQUIRED**

**DEFINITION:** Birthdate of the client.

**CODES:** Enter the 8 digit birthdate of the client using month/day/full year format. Example: June 3, 1980 is 06031980.

**NOTES:** Must be 8 numbers. Must be prior to the current date. Year must be later than or equal to 1860.

**SEX (Field 6)****REQUIRED**

**DEFINITION:** Gender of the client.

**CODES:** F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**  
**REQUIRED**

**DEFINITION:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

**CODES:** Y = Yes  
N = No

**RACE (Field 7b)**  
**REQUIRED**

**DEFINITION:** The race of the client as determined by the participant. Code as many as apply up to all five.

**CODES:** A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

**CLIENT CHARACTERISTICS (Field 8)**  
**REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social and demographic factors that are of interest to the agency. Code as many as apply up to three.

**CODES:** Enter up to three codes from the list below that best describe the client.

- 02 Mental illness (excluding SPMI)
- 03 Severe and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 18 Alzheimer's disease/related dementia\*\*
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 34 Developmental disability - brain injury - occurred at age 21 or earlier
- 35 Developmental disability - brain injury - occurred after age 21\*
- 36 Other handicap
- 37 Fragile/frail medical condition - not for use as first client characteristic
- 55 Frail elderly
- 57 Abused/neglected adults/elder
- 77 Challenging behavior - not for use as first client characteristic
- 86 Severe emotional disturbance
- 87 Prader Willi
- 88 Asperger Syndrome
- 89 Pervasive developmental disorder
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 93 Chapter 54/55 adults/elder



## **CLIENT CHARACTERISTICS (Field 8) - continued**

### Code definitions

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.

## **CLIENT CHARACTERISTICS (Field 8) – continued**

- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 18 Alzheimer's disease/related dementia – Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, irreversible multi-infarct disease, Parkinson's disease, Pick's disease, progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
- 23 Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 25 Developmental disability - autism - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person. Autism is a disorder of development of brain functions. For a diagnosis of autism, the main symptoms must be clear before the age of three years. People with autism have markedly abnormal or impaired function in communication and social interaction and a markedly restricted repertoire of activity and interest. In most cases there is an associated diagnosis of cognitive disability or mental retardation. Many people also have significant behavioral issues. If a person has Asperger Syndrome, code 88 and do not use this code. If a person has a pervasive developmental disorder, code 89 and do not code 25 for autism or 88 for Asperger Syndrome.
- 26 Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27 Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.

## **CLIENT CHARACTERISTICS (Field 8) – continued**

- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 32 Blind/deaf - Includes people who have both complete impairment in vision **and** complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 34 Developmental disability - brain injury - at age 21 or earlier - Includes persons who have had a loss of neurological brain function due to an injury or illness occurring at age 21 or earlier.
- 35 Developmental disability - brain injury - occurred after age 21 – Includes persons who have had a loss of neurological brain function due to an injury or illness occurring after age 21.
- 36 Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 37 Fragile/frail medical condition - The person is at higher risk for harm and has exceptional support needs due to fragile medical condition.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected adults/elder - Includes persons who are adults/elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self neglect under s. 46.90.
- 77 Challenging behavior - The person is at higher risk for harm and has exceptional support needs due to challenging behavior.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.

## **CLIENT CHARACTERISTICS (Field 8) – continued**

- 87 Prader Willi - A chromosomal disorder resulting in a syndrome characterized by infantile hypotonia, hypogonadism, and obesity. A genetic syndrome with three phases: 1) infancy with hypotonia and failure to thrive; 2) childhood with decreased eye slits, hypogonadism, hypoplastic scrotum, hyperphagia (ravenous appetite) with central obesity but small hands and feet, cognitive impairments (mental retardation or learning disabilities and language impairments; and 3) young adulthood with increased severity of childhood symptoms coupled with severe behavior and emotional symptomatology and, occasionally, thought disorders. This syndrome reflects a hypothalamic dysfunction secondary to an alteration of the chromosomal material on chromosome 15 (see also Angelman syndrome). Without adequate dietary management, life expectancy is limited by heart failure and Pickwickian symptoms secondary to obesity.
- 88 Asperger syndrome - autism - A disorder on the spectrum of autism. People with Asperger Syndrome may have average to higher IQ's, yet have severe and sustained impairment in social interaction as well as restrictive repetitive patterns of behavior, interests and activities. People may also have communication difficulties. These characteristics create impairments in social, occupational or educational, or other daily functions. If a person has a diagnosis of Asperger Syndrome, code 88 and do not code 25 for autism or 89 for pervasive development disorder.
- 89 Pervasive developmental disorder - Not otherwise specified includes atypical autism. People with this diagnosis have severe and pervasive impairment in development of reciprocal social interaction as well as stereotyped behaviors. Typically these symptoms have a later onset and atypical symptoms such that the diagnosis of autism and other conditions have been ruled out. If a person has a diagnosis of pervasive developmental disorder, code 89 and do not code 88 Asperger Syndrome or 25 autism.
- 93 Chapter 54/55 adults/elderly – Includes persons who are adults/elderly and who are in need of guardianship, adult protective services and/or adult protective placement.

For COP, COP-W, and locally matched CIP 1B, the first Client Characteristic is used for monitoring significant proportions.

\* For COP purposes, code 35 clients are counted as physical disability.

\*\* For COP purposes, code 18 clients under 65 are counted as physical disability, clients 65 and over are counted as elderly.

## LEVEL OF CARE (Field 9) REQUIRED

**DEFINITION:** The person's level of care as determined from either: a) the rating assigned by the Division of Health to a completed Physician's Plan of Care (PPOC) form; or b) the person's highest eligibility level as determined from the COP functional screen.

**CODES:**

- 1 = Highest functional screen eligibility is Level I.
- 2 = Highest functional screen eligibility is Level IIA - person is not DD.
- 3 = Highest functional screen eligibility is Level IIB.
- \*4 = Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.
- \*5 = Meets functional screen special eligibility Level III only – special SPMI level or referred from an IMD or does not meet functional Screen Levels I or II.
- \*6 = Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.
- 7 = Functional screen Level IV - does not meet any of the above Levels of Care or is grandfathered in with ICF 3, 4 or ICF-MR 4-level of care determination prior to 11/1/83.
- \*8 = Has been ongoing COP recipient prior to 1/1/86 and is therefore COP eligible without a level of care determination.
- \*9 = Has not had a level of care assigned as yet - level of care will be determined **PRIOR** to service provisions.
- B = Brain Injury.
- \*\*M = DD1A - DD people whose health status is fragile, unstable or Relatively unstable.
- \*\*N = DD1B - DD people requiring considerable guidance and supervision.
- \*\*O = DD2 - Moderately retarded adults with emphasis on skills training.
- \*\*P = DD3 - Mildly retarded with emphasis on refinement of social skills and attainment of domestic and vocational skills.
- R = DD1 - Children
- S = Psychiatric hospital - children
- T = Nursing home - children
- U = Hospital - children

**NOTES:**

- \* Codes 4, 5, 6, 8 and 9 are not waiver eligible codes. Codes M, N, O, and P are for use with LTS codes (Field 26) 1, 4, and 8. Codes R, S, T, and U are for use with Children's Waivers only.
- \*\* Detailed definitions may be found in MA Waiver Manual Appendix G.

**MARITAL STATUS (Field 10)**  
**REQUIRED**

**DEFINITION:** The marital status of the client.

**CODES:**

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widow/widower
- 5 = Never married
- 6 = Legally separated
- 9 = Unknown/other

**LIVING ARRANGEMENT – PRIOR, CURRENT, PEOPLE (Field 11)**  
**REQUIRED**

**DEFINITION:** **PRIOR AND CURRENT** - The place where the program participant generally resides or resided prior to and during their placement in a long-term support program.

**PEOPLE** - The relationship of the people who share a dwelling with the program participant during their placement in a long-term support program.

**CODES:**

**PRIOR AND CURRENT**

- 06 State mental health institute - not a current living arrangement – may be used for COP assessment, plan, and applicant register
- 07 ICF/MR: not state center - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 21 Adoptive home
- 22 Foster home - nonrelative
- 23 Foster home - relative
- 24 Treatment foster home
- 27 Shelter care facility
- 30 Person's home or apartment
- 32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 37 Adult family home 1-2 beds - not valid for CLTS-W
- 38 Adult family home 3-4 beds - not valid for CLTS-W
- 43 Child group home
- 44 Residential care center (children)

## **LIVING ARRANGEMENT - PRIOR, CURRENT, PEOPLE (Field 11) – continued**

- 50 Brain injury rehab unit - hospital
- 51 Brain injury rehab unit - nursing home
- 60 Supervised community living - not valid for CIP 1, BIW, CLTS-W
- 61 CBRF 5-8 beds
- 63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 64 CBRF 9-16 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 65 CBRF 17-20 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 66 CBRF 21-50 beds - not a current living arrangement for CIP 1, and BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 67 CBRF 51-100 beds - not a current living arrangement for CIP 1, and BIW and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 68 CBRF over 100 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 70 Residential care apartment complex - only for COP-W and CIP II participants - may be used for COP assessment, plan, and applicant register
- 98 Other living arrangement - only for COP assessment, plan, and applicant register

### **PEOPLE**

- 05 Living alone
- 09 Living alone with attendant care
- 10 Living with immediate family
- 11 Living with immediate family with live-in attendant care
- 15 Living with extended family
- 16 Living with extended family with live-in attendant care
- 18 Living with others
- 19 Living with others with live-in attendant care
- 90 Transient housing situation

**NATURAL SUPPORT SOURCE (Field 12)**  
REQUIRED

DEFINITION: The social network available to a waiver participant to support them in functioning successfully in the community.

CODES:

- 1 Parent
- 2 Spouse
- 3 Child
- 4 Other relative
- 5 Nonrelative
- 6 None

**TYPE OF MOVEMENT/PRIOR LOCATION (Field 13)**  
REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Indicates two separate facts about the program participant:

- (1) whether or not the participant was:
  - a. actually a resident of some type of nursing home immediately prior to the start date in the LTS program and moved out of it to reside in the community (relocation); or
  - b. eligible for nursing home admission, was not a recent resident of a nursing home and is reentering the LTS program from the community; and
- (2) for relocation participants only, the type of nursing home or ICF/MR from which the participant initially moved. Do not change this code if the participant merely switches between different waivers. This second factor does not apply to diverted clients.

CODES:

N = The person has been **relocated from a general nursing home** licensed under HFS 132. Do not enter an N if the person was **diverted** from any type of licensed nursing home. (Allowable for COP, COP-W, and CIP2.)

F = The person was **relocated from an ICF/MR facility** licensed under HFS 134 rules also known as a Facility for the developmentally Disabled FDD).

D = The person was **diverted from entering any type of institution.**

B = The person was **relocated from a brain injury rehabilitation unit** of a hospital or nursing home.

NOTES: ICF/MR facilities are also known as Facilities for the Developmentally Disabled (FDD) and are all licensed under HFS 134. They include the state centers for the developmentally disabled and a distinct ICF/MR unit of a general nursing home.

Nursing homes licensed under HFS 132 rules are general nursing homes. This field is optional for COP Assessment and Plan. It must be entered before COP SPCs can be reported.



**SPECIAL PROJECT STATUS (Field 14)**

REQUIRED IF APPLICABLE

DEFINITION: Indicates whether the participant is enrolled in one of the programs listed below.

CODES: I = ICF-MR initiative  
L = Recipient of a CIP II nursing home relocation loan slot

**COUNTY OF FISCAL RESPONSIBILITY (Field 15)**

REQUIRED

DEFINITION: The county that has financial responsibility for the client.

CODES:

01 Adams	25 Iowa	49 Portage
02 Ashland	26 Iron	50 Price
03 Barron	27 Jackson	51 Racine
04 Bayfield	28 Jefferson	52 Richland
05 Brown	29 Juneau	53 Rock
06 Buffalo	30 Kenosha	54 Rusk
07 Burnett	31 Kewaunee	55 St Croix
08 Calumet	32 La Crosse	56 Sauk
09 Chippewa	33 Lafayette	57 Sawyer
10 Clark	34 Langlade	58 Shawano
11 Columbia	35 Lincoln	59 Sheboygan
12 Crawford	36 Manitowoc	60 Taylor
13 Dane	37 Marathon	61 Trempealeau
14 Dodge	38 Marinette	62 Vernon
15 Door	39 Marquette	63 Vilas
16 Douglas	40 Milwaukee	64 Walworth
17 Dunn	41 Monroe	65 Washburn
18 Eau Claire	42 Oconto	66 Washington
19 Florence	43 Oneida	67 Waukesha
20 Fond du Lac	44 Outagamie	68 Waupaca
21 Forest	45 Ozaukee	69 Waushara
22 Grant	46 Pepin	70 Winnebago
23 Green	47 Pierce	71 Wood
24 Green Lake	48 Polk	72 Menominee
		92 Oneida Tribe

**COURT ORDERED PLACEMENT (Field 16)**  
REQUIRED

DEFINITION: Indicates whether or not the client's community placement and initial participation is the result of, and was made pursuant to, a court order under s. 55.06 of Wisconsin Statutes.

CODES: Y = Yes  
N = No

**MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)**  
REQUIRED

DEFINITION: The basis of a client's financial eligibility for Medical Assistance.

CODES: A = Categorically eligible  
B = Categorically financially eligible - special income limit  
C = Medically needy  
D = COP eligible (required for applicant register)

NOTES: Code D - COP eligible must be used for the applicant register, and must be updated when applicant begins waiver services

**INDICATOR FOR WAIVER MANDATE (Field 18)**  
REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Documents that a client's eligibility has been reviewed and complied with COP-MA Waiver mandate.

CODES: A = MA Waiver eligible  
B = Not MA Waiver eligible  
C = MA Waiver eligible but exempt

NOTES: Medicaid Waiver Funds **must** be used in lieu of COP funds to provide services to an individual if that individual is determined to be eligible for waiver services.

**EPISODE END DATE (Field 19)**  
REQUIRED WHEN SERVICES END

DEFINITION: The date on which the person terminated the program and last received services. This date should be entered only if the person's participation in the Long-Term Support Program has terminated.

CODES: Enter an 8 digit date in the format of month/day/full year (mm/dd/yyyy).

**CLOSING REASON (Field 20)**  
REQUIRED WHEN SERVICES END

DEFINITION: The reason why the participant will no longer receive services.

CODES: Enter the two digit code of the appropriate reason for terminating the client's participation.

- 05 Moved out of state
- 06 Died
- 09 Service not available
- 11 Not or no longer income/asset eligible
- 14 Not or no longer level of care eligible
- 21 Services arranged without agency involvement
- 24 Insufficient funds in COP to provide services
- 32 Rejected individual service plan (ISP)
- 35 Private pay/other public funding sources used to pay for service
- 38 Voluntarily declined or terminated services
- 39 Transferred to or preferred nursing home care
- 41 Transfer to joint lead agency
- 43 Ineligible living arrangement
- 44 Moved out of county/closed on LTS
- 45 Moved out of county/still open on LTS
- 46 Refused to supply needed financial documentation
- 47 Transfer to Pace Program
- 48 Transfer to Partnership Program
- 50 Not eligible - residency requirement (COP only)
- 51 Declined further services due to estate recovery
- 52 Moved to and now resides in DD Center
- 53 Moved to and now resides in ICF-MR
- 54 Moved to and now resides in IMD
- 55 Cannot support safe care plan/behavioral challenges
- 56 Cannot support safe care plan/medical issues
- 57 No formal/informal supports available in community
- 58 County has exceeded CBRF cap
- 60 Transferred to Family Care/Managed Care

**SLOT NUMBER (Field 21)**

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

- DEFINITION: The unique number for each CIP I, BIW or CLTS-W slot.
- CODES: The first four numbers are the reporting unit code. The last four numbers are assigned by the Bureau of Developmental Disabilities Services.
- NOTES: The slot number is assigned and entered by the Bureau of Developmental Disabilities Services (BDDS).

**SLOT START DATE (Field 22)**

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

- DEFINITION: The date the slot is first used by a client who occupies slot.
- CODES: Date will be entered by the Bureau of Developmental Disabilities Services.

**SLOT END DATE (Field 23)**

REQUIRED FOR CIP I, CLTS-W, AND BIW

- DEFINITION: The date the slot could no longer be used.
- CODES: Enter an 8 digit number in the format of month/day/full year.
- NOTES: All waiver SPCs must be closed before slot end date is entered. If the client is moving from one slot to another - the SPC end date should be the same as the new start date. This will assure that no days will be lost because days are calculated by counting the day in but not the day out.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)**

REQUIRED MONTHLY FOR EACH SERVICE DELIVERED TO THE PARTICIPANT

**DEFINITION:** The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. Refer to the Medicaid Waivers Manual and DDES numbered memos for what is allowable and definitions. Most are a variation of the HSRS SPC definitions.

**NOTE:** Certain HIPAA service codes will also be acceptable in place of the SPC code, if you so desire. The HIPAA service code is 5 positions long. The first 3 positions of the HIPAA code should be reported in the SPC field, and the last 2 positions reported in the SPC subcode field. If the HIPAA service code can be cross walked to ONE SPC, we will accept that HIPAA code.

If you are reporting an SPC, then report the unit type for that SPC. Conversely, if you are reporting a HIPAA service code, then report the HIPAA units type. For example: HIPAA code T1002 crosswalks to SPC 710, but the unit type for T1002 is 15 minutes and unit type for SPC 710 is hours. If you report SPC 710, then units should be reported in hours. If you report T1002, then units should be reported in 15 minute increments (e.g., 2 units would be 1/2 hour).

**CODES:** Enter the 3 digit code and the 2 digit subprogram code if applicable.

**COP CODES:**

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
095	02	Refunds, voluntary contributions	None
101		Child day care	Days
102		Adult day care	Hours
103	22	Respite care residential	Hours
103	24	Respite care institutional	Hours
103	26	Respite care home based	Hours
103	99	Respite care other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days	Days
104	12	SHC - supervision services/days	Days
104	13	SHC - routine home care services/days	Days
104	14	SHC - chore services/days	Days

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) – continued**

COP CODES – continued

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
104	20	Supportive home care – hours	Hours
104	21	SHC – personal care/hours	Hours
104	22	SHC – supervision services/hours	Hours
104	23	SHC – routine home care services/hours	Hours
104	24	SHC – chore services/hours	Hours
106	01	Energy assistance	None
106	02	Housing assistance	None
106	03	Housing start-up	None
107	30	Specialized transportation and escort	One way trips
107	40	Specialized transportation and escort	Miles
107	50	Transportation, specialized	Items
108		Prevocational services	Hours
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids – vehicles	Items
112	99	Adaptive aids – other	Items
113		Consumer education and training	Hours
114		Vocational futures planning	Hours
202	01	Adult family home 1–2 beds	Days
202	02	Adult family home 3–4 beds	Days
203		Children’s foster/treatment home	Days
204		Group home	Days
205		Shelter care	Days
301		Court intake and studies	Hours
401		Congregate meals	Meals
402		Home delivered meals	Meals
403	01	Recreational activities	Hours
403	02	Alternative activities	Hours
403	03	Alternative/other	Items
406		Protective payments/guardianship	None
503		Inpatient stay	None**
506	61	CBRF 5–8 licensed beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9–16 beds	Days
506	65	CBRF 17–20 beds	Days

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

COP CODES – continued

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
506	66	CBRF 21-50 beds – need department approval	Days
506	67	CBRF 51-100 beds –need department approval	Days
506	68	CBRF over 100 beds-need department approv	Days
507	03	Counseling and therapeutic resources	Hours
507	04	Counseling and therapeutic resources	Items/services
509		Community support	None
510		Comprehensive community services	Days
603	01	COP assessment	Hours
603	02	COP plan	Hours
604		Case management	Hours
605		Advocacy and defense resources	Hours
606		Health screening and accessibility	Hours
610		Housing counseling	Hours
615		Supported employment	Hours
619		Financial management services	Hours
704		Day treatment – medical	Days
705		Detoxification – social setting	None
706		Day services treatment	Hours
710		Skilled nursing services	Hours

\*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

NOTES: Provider Number (Field 30) is required for SPCs:

102 Adult day care  
 202/01 Adult family home - 1-2 beds  
 202/02 Adult family home - 3-4 beds  
 506 CBRF

A reassessment or plan update for ongoing (COP or MA Waiver funded) service participants should be charged to ongoing case management per COP guidelines. COP clients must have an assessment (603/01) and plan (603/02) SPC entered before other service SPCs are reported.

**WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM  
(Field 24)**

CIP IA, IB, 1B-ICFMR AND BIW CODES:

SPC/SUBPROGR CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095 01	Participant cost share	None
102	Adult day care	Hours
103 22	Respite care residential	Hours
103 24	Respite care institutional	Hours
103 26	Respite care home based	Hours
103 99	Respite care other	Hours
104 10	Supportive home care - days	Days
104 11	SHC - Personal care/days (optional)	Days
104 12	SHC - Supervision services/days (optional)	Days
104 20	Supportive home care - hours	Hours
104 21	SHC - Personal care/hours (optional)	Hours
104 22	SHC - Supervision services/hours (optional)	Hours
104 88	Supportive home care - worker room and board	None
106 03	Housing start-up	None
107 30	Specialized transportation and escort	One way trips
107 40	Specialized transportation and escort	Miles
108	Prevocational services	Hours
110	Daily living skills training	Hours
112 46	Personal emergency response systems	None
112 47	Communication aids	Items
112 55	Specialized medical and therapeutic supplies	Items
112 56	Home modifications	Projects
112 57	Adaptive aids - vehicles	Items
112 99	Adaptive aids - other	Items
113	Consumer education and training	Hours
202 01	Adult family home 1-2 beds	Days
202 02	Adult family home 3-4 beds	Days
203	Children's foster/treatment home	Days
402	Home delivered meals	Meals
503*	Inpatient ICF/MR stay	None**
506 61	CBRF 5-8 licensed beds	Days
507 03	Counseling and therapeutic services	Hours
604	Support and service coordination/case management	Hours
604 01	Support and service coordination/case management - face-to-face contact (optional)	Hours
604 02	Support and service coordination/case management – collateral contact (optional)	Hours



**WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM  
(Field 24)**

CIP IA, IB, 1B-ICFMR, AND BIW CODES:

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
604	03	Support and service coordination/case management – face-to-face home contact (opt)	Hours
604	04	Support and service coordination/case management – other contact (optional)	Hours
609***	10	Consumer directed supports	Days
610		Housing counseling	Hours
615		Supported employment	Hours
619		Financial management services	Hours
706	10	Day services - adult	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

**NOTES:**

Provider Number (Field 30) is required for SPCs:

- 102 Adult day care
- 202/01 Adult family home - 1-2 beds
- 202/02 Adult family home - 3-4 beds
- 506 Community based residential facility
- 604 Support and service coordination/case management

- \* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.
- \*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.
- \*\*\* Only used by county agencies that have an approved Memorandum of Understanding (MOU) with BDDS.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

CIP II, COP-W, AND COMMUNITY RELOCATION INITIATIVE CODES:

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share/spend down	None
095	02	Refunds, voluntary contributions	None
102		Adult day care	Hours
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Respite care home based	Hours
103	99	Respite - other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	13	SHC - routine home care services/days (opt)	Days
104	14	SHC - chore services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	23	SHC - routine home care services/hours (opt)	Hours
104	24	SHC - chore services/hours (optional)	Hours
106	01***	Energy assistance - when relocating from nursing home	None
106	03***	Housing start-up - when relocating from nursing home	None
107	30	Specialized transportation and escort - trips	One way trips
107	40	Specialized transportation and escort - miles	Miles
107	50	Specialized transportation	Items
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
114		Vocational futures planning	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
402		Home delivered meals	Meals
503*		Inpatient stay	None**
506	61	CBRF 5-8 licensed beds	Days

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

CIP II, COP-W, AND COMMUNITY RELOCATION INITIATIVE CODES:

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
506	63	CBRF independent apartment	Days
506	64	CBRF 9-16 beds	Days
506	65	CBRF 17-20 beds	Days
506	66	CBRF 21-50 beds - need department approval	Days
506	67	CBRF 51-100 beds - need department approval	Days
506	68	CBRF over 100 beds - need department approval	Days
507	03	Counseling and therapeutic resources - hours	Hours
507	04	Counseling and therapeutic resources	Items/services
604		Case management	Hours
604	04	Case management - other contact (optional)	Hours
619		Financial management services	Hours
706		Day services treatment	Hours
710		Skilled nursing services	Hours
711		Residential care apartment complex	Days

NOTES: Refer to the Medicaid Community Waivers Manual for SPC definitions. Most are a variation of the HSRS SPC definitions.

Provider ID (Field 30) is required for SPCs:

102 Adult day care  
 202/01 Adult family home - 1-2 beds  
 202/02 Adult family home - 3-4 beds  
 506 CBRF  
 604 Case management  
 711 Residential care apartment complex

- \* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason and open new SPCs.
- \*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.
- \*\*\* SPC 106/01 and 106/03 are only allowed when Field 13 Type of Movement/Prior Location is coded N - relocated from a general nursing home.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**
**CHILDREN'S WAIVER CODES:**

SPC/SUBPROGR CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Home based respite	Hours
103	99	Respite - other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	88	Supportive home care - worker room and board	None
107	30	Specialized transportation and escort - trips	1 way trips
107	40	Specialized transportation and escort - miles	Miles
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Special medical and therapeutic supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
203		Children's foster/treatment home	Days
503*		Inpatient stay	None**
507	03	Counseling and therapeutic services	Hours
512		Intensive in-home autism services	Hours
604		Support and service coordination	Hours
604	01	Support and service coordination/case management - face-to-face contact (opt)	Hours
604	02	Support and service coordination/case management - collateral contact (optional)	Hours
604	03	Support and service coordination/case management - face-to-face home contact (opt)	Hours
604	04	Support and service coordination/case management - other contact (optional)	Hours
609	20	Consumer and family directed supports	Days
615		Supported employment	Hours
619		Financial management services	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

NOTES: Provider ID (Field 30) is required for SPC 604.

\* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.

3\*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

REGISTER OF ELIGIBLE APPLICANTS CODES: (Applies to COP and all Medicaid home - community based Waivers)

SPC/SUBPROGR CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
897	Institutional resident	None
898	Receiving no publicly funded ongoing service that is intended to meet the long-term care needs of the individual	None
899	Receiving some publicly funded ongoing service but no COP or Waiver service	None

NOTES: For SPCs 897, 898 or 899 Target Group is optional; LTS Code is not allowed; SPC Start Date is required; and SPC End Date is required when applicant begins COP or Waiver service, or when applicant's name is removed from the county's register. LOC is required for Register of Eligible Applicants SPCs.

**ICF-MR RESTRUCTURING INITIATIVE**

896	ICF-MR/NH resident	None
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**TARGET GROUP (Field 25)  
REQUIRED**

DEFINITION: Indicates the need and/or problem that best explains the primary reason the program participant is receiving this service. Target Group describes why this service is being delivered to the program participant.

CODES: 01 = Developmental disability  
31 = Mental health  
18 = Alcohol and other drug abuse  
57 = Physical or sensory disability  
58 = Adults and elderly (age 65 and over)

NOTES: Only codes 01, 31, and 57 are allowed for children's waivers.

## **LONG-TERM SUPPORT CODE (Field 26)**

### **REQUIRED**

**DEFINITION:** The long-term support program and/or match source which is funding this service.

**CODES:**

- 1 = CIP IA
- 2 = CIP II
- 3 = COP waiver
- 4 = CIP IB
- 6 = BIW
- 7 = COP
- 8 = CIP IB - locally matched slot
- B = BIW - locally matched slot
- F = Children's autism - DD
- G = Children's autism - MH
- P = Children's autism PD
- H = Children's long-term support - DD state match
- I = Children's long-term support - DD local match
- J = Children's long-term support - MH state match
- K = Children's long-term support - MH local match
- L = Children's long-term support - PD state match
- M = Children's long-term support - PD local match
- N = Community relocation initiative
- R = CIP 1B - ICFMR
- S = Transfer - sending county cost

**NOTES:** LTS code S is used by counties who transfer a waiver participant to another county but who retain the obligation to fund some of the person's expenses. Code S will not be allowed with any other active LTS code and will not require a slot assignment. Any costs associated with this code will not be counted as expenditures that result in repayment by the state and will not appear on the L-300. Only the receiving county will report 100% of the waiver expenditures to claim the federal match. The sending county will report only the amount of match that is sent to the receiving county.

**FUNDING SOURCE (Field 27)**

REQUIRED FOR LTS CODES 8, B, I, K, M

DEFINITION: The source of any non federal funds used to match part or all of the cost of funding waiver covered services.

CODES: CP = COP match funding  
CA =Community aids match funding  
FS =Family support match funding  
RO= Conditional release  
FC = ACT-405  
AZ = Alzheimer's funding (only allowed with SPC 899)  
LO = County tax levy or sales tax  
FT = Family Care transfer (only allowed with LTS codes 2, 4)  
ND = Nursing home diversion (only allowed with LTS code 2)

**SPC START DATE (Field 28)**

REQUIRED

DEFINITION: The date service in an SPC was begun.

CODES: Enter the 8 digit date in the format month/day/full year.

**SPC END DATE (Field 29)**

REQUIRED

DEFINITION: The date service in an SPC was terminated.

CODES: Enter the 8 digit date in the format month/day/full year.

**PROVIDER NUMBER (Field 30)**

REQUIRED FOR SPCS 102 ADULT DAY CARE, 202/01, 202/20 ADULT FAMILY HOME, 506 CBRF, 604 SUPPORT AND SERVICE COORDINATION (CIP 1A, 1B, BIW, CLTS-W ONLY), 711 RESIDENTIAL CARE APARTMENT COMPLEX (CIP II, COP-W ONLY), AND 896 ICF-MR/NH RESIDENT.

DEFINITION: The number assigned to identify the provider that has delivered the service to the waiver participant.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific SPC. May be either a HSRS provider or worker number.

**SPC REVIEW DATE (Field 31)**  
OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

**UNITS (Field 32)**  
REQUIRED MONTHLY

DEFINITION: The number of units of service the provider delivered to the client in a specific SPC during the month being reported.

CODES: Enter the 3 digit whole number and 1 decimal place which corresponds to the number of units of service delivered to the client during the time period.

NOTES: The unit measurement corresponds to the unit for the specific SPC. (e.g., Respite Care = Hours.)

**COSTS (Field 33)**  
REQUIRED MONTHLY

DEFINITION: The total expenses of providing specific SPC services to the client during the month being reported.

CODES: Enter up to six whole numbers and two decimal places representing the dollar amount expended for services in the specific SPC.

NOTES: Accurate and timely reporting is necessary as these reports are official audit documentation for federal reimbursement. These data are submitted to the Federal Health Care Financing Administration annually. Monthly reports are also used to make payments to the county agencies.

Monthly costs up to \$9,999.99 are allowed except for the following:  
LTS codes 1, 4, 6, 8 and B, F, G, H, I, J, K, L, M, P, R will accept up to \$99,999.99 per month for the following SPCs: 103/24, 103/99, 104/10, 104/11, 104/12, 104/20, 104/21, 104/22, 106/03, 107/30, 107/40, 110, 112/56, 112/57, 112/99, 202/01, 202/02, 203, 506/61 and 609/10.  
LTS codes 2, 3, and N will accept up to \$99,999.99 per month for SPCs 112/56 and 112/57.  
Costs not allowed for SPCs 503, 896, 897, 898, and 899.



**DELIVERY MONTH/YEAR (Field 34)**  
**REQUIRED**

**DEFINITION:** The month and year during which units of an SPC were delivered or costs reported.

**CODES:** Enter a 6 digit number in the format month/full year.

# **HUMAN SERVICES REPORTING SYSTEM**

## **Expense Report For Human Service Programs (DDE-942)**

Expenditure reports are due annually. January - December expenditures are due March 25th of the following year. All reports must be submitted via the Internet at [https://wsp4.state.wi.us/hfs/hsrs/F942\\_943](https://wsp4.state.wi.us/hfs/hsrs/F942_943). Hard copies will not be accepted. They will be returned to the agency for keying.

### **GENERAL INSTRUCTIONS**

This report, required under Section 10.0 of the consolidated state/county contract, must be prepared for the period January – December of each year. Form DDE-942 is used to report all agency expenses regardless of source. A new revenue report, the Human Services Revenue Report form (HSRR), shows the various revenue sources for the total expenditures. The HSRR form should have the same totals for each Target Group as the DDE-942.

The reporting deadline is part of the Division's contractual agreement between the state and counties. It is important that agencies meet the March 25th deadline. When circumstances prevent an agency from meeting the reporting period deadline, a 30 day grace period may be requested from the regional office. Delays beyond 30 days must be requested in writing from the regional office and must state the reason for delay and the date by which the report will be submitted.

### **AGENCY TYPE**

- DSS – Department of Social Services
- DCP – Department of Community Programs (formerly 51.42 or 51.42/437 Board)
- DDB – Department of Developmental Disabilities/51.437 Board
- HSD – Department of Human Services
- DOA – Department on Aging

### **INTRODUCTION**

Instructions for the 942 have been revised for clarification. Various counties had input via the Visions Data Reporting Workgroup. Feedback on any portion of the instructions is welcome and will be considered in future revisions.

The 942 expenditure data should correspond directly to the data reported on the Human Services Revenue Report. The exception is the DDE-942 does not include expenditures for the target groups Income Maintenance, Child Care Administration, Energy Assistance and General Relief/Interim Assistance. The HSRR does include the revenues for these four target groups and these revenues should indicate the total expenditures in these programs. Totals for each of the other target groups should be identical on the two reports. The 942 gives breakouts for the various services (SPC Clusters), whereas the Human Services Revenue Report gives breakouts by revenue source. (A few of the target groups appear on the HSRR and not on the 942 report, because they are not split out by SPC.)

## **WHAT TO REPORT**

1. Human Service Expenses.
  - (a) Only human service expenses should be included in this report.
  - (b) Include all Youth Aids expenses.
  - (c) Include Kinship Care expenses.
2. System/Agency Management Expenses.

Agency expenses that are associated with program cost are to be included and are to be allocated among the Standard Program Clusters and Target Groups found on this form.
3. Total expenditures for certain target groups are to be split into two amounts on the 942: expenditures for individuals under 18 years of age, and expenditures for individuals 18 years of age and older. These target groups are Developmental Disabilities (DD), Mental Health (MH), Alcohol and Other Drug Abuse (AODA), and Physical Disabilities (PD).

## **STANDARD PROGRAM CLUSTERS AND TARGET GROUPS**

Standard Program Cluster and Target Group definitions are found in the Human Services Reporting System (HSRS) Handbook.

Agencies tracking expenses by Standard Program Category (SPC) should use the translation from SPCs to SPC Clusters found in the Human Services Reporting System (HSRS) Handbook. This will permit agencies, which have developed SPC based expense tracking systems, to maintain these systems. All expenses are to be included as agency expenses, and are to be allocated among the Standard Program Clusters and Target Groups found on the DDE-942 form.

Some counties and other agencies receiving special substance abuse grants, as well as counties who volunteer, are being asked to report annual DDE-942 alcohol and drug abuse expenses using more detailed categories for selected treatment services that are provided or rendered under contract. (See page EXP-5.) The electronic DDE-942 form has been modified to include these additional lines for Clusters 700, 800, and 900. The on-line help function for the DDE-942 form includes a list of the SPC subprograms to be used, or you may call the SOS Desk (608) 266-9198 to obtain a copy.

## **EXPENSES**

Only expenditures should be reported. Do not include unexpended funds received during the reporting period. In general, all funds covered by the State/County contract for Community/Social Service Programs should be included in the DDE-942. In addition, Youth Aids funds should continue to be included until further notice. Include all Youth Aids funds, both community and state. In previous years, counties did not report the state charges because we could get this information at the state level. To keep the amounts consistent with the Human Services Revenue Report, we will no longer do this.

## **HOW TO DETERMINE EXPENSES BY SPC CLUSTER AND TARGET GROUP**

Since agencies routinely monitor purchased service or board contracted expenses, agency records can be used in completing the DDE-942. In subcontracts between the DSS and board operated facilities or between counties, the purchaser should report the expenditure. The county that operates the program should only report their agency's expenditures, not the full cost of the program. The other agencies/counties that purchase services from this program will show the other costs of this service on their 942 report. The total expenditure for this specific program/service should equal what all counties that utilize this program/service report. Direct and indirect expenses are to be combined on the DDE-942.

## **HOW TO ALLOCATE DIRECT EXPENSES**

Allocation of direct expenses must be based upon actual staff time and expenses. These direct expenses are to be allocated to the various SPCs, Target Groups, and Age Groupings based on where these direct expenses occurred. For distribution purposes, actual staff time expenses, at a minimum, are to be based upon at least one pay period every six months. The selected periods must be representative of those ongoing expenses.

The county agency must use generally accepted allocation procedures in distributing expenses to the DDE-942 report. Three of the acceptable methods for distributing expenses are:

1. Use of the HSRS form DDE-31 Field 19 option to report staff time. This may be ongoing but need be for only one pay period every six months. The agency may then request the appropriate HSRS L 303 quarterly report, which summarizes the units reported by SPC and Target Group.
2. Recording staff time on an agency-designed activity log showing SPC Cluster and Target Group by worker.
3. Use of an agency-designed statistically valid time sampling method such as a random moment time study tool.

Some examples of unacceptable methods include:

1. A survey of staff to obtain their best estimates of how time is to be allocated.
2. Use of estimates to allocate actual expenses.
3. Use of HSRS client count reports to allocate expenses (use of units is acceptable).

Each agency must have on file, along with appropriate source documents (e.g., completed logs or time studies), methods used to derive expense information reported on the DDE-942. If staff time is reported on HSRS, the agency must document the time periods during which this reporting occurred, and have on file any relevant HSRS output reports used to allocate expenses.

## **HOW TO ALLOCATE INDIRECT EXPENSES**

All agency management and support expenses are to be allocated to the various SPCs, Target Groups, and Age Groupings. These expenses are to include all indirect costs as well as Administrative Management and Support and Overhead (AMSO) Costs.

All indirect costs for those allowable administrative/overhead costs are to follow your county's prescribed cost allocation plan. These cost allocation plans must follow policies and procedures contained in OMB Circular A-87. This cost allocation plan thus includes an allocation methodology where direct and indirect expenses are clearly separated, where actual expenditure information was obtained from financial statements, and like the above direct cost distributions, are based upon acceptable accounting methods.

Here too, each agency must have on file information and appropriate source documents which support its expenses as provided on the DDE-942 form.

### **Inclusions, Exclusions and Specific Instructions**

1. Reports should include total expenditures for human services, including costs for providing the services, costs for purchasing the services, and administrative costs related to providing the services. Thus, total expenditures and revenues will include both direct costs and indirect costs. Administrative costs should be allocated by program area.
2. Expenditures NOT to be reported are W-2 operations, Child Support operations, Public Health operations, county operated nursing homes, county operated ICF-MRs, and Family Care CMOs.
3. Juvenile Court Intake is to be included. If this function is not part of your human service/social service agency, we ask that you obtain this information from the court in your county and include it in your report.
4. Expenditures should be reported only once, e.g., do not report the same mental health expenditures for a child in out of home care under both Mental Health and Children and Family.
5. Also, if one county purchases services from another county, the purchaser should report the expenditure. The county that operates the program should only report their county's expenditures, not the full cost of the program. The other counties that purchase services from this program will show the other costs of this service on their DDE-942 report. The total expenditure for this specific program/service should equal what all counties that utilize this program/service report.
6. Include costs for services operated by your department such as personal care, CBRFs, outpatient clinic, sheltered workshop, psychiatric hospital, and nursing home IMD.
7. The amount that is reported under SPC Cluster 100 should include only Child Day Care—Crisis Respite. Child care funded by the Department of Workforce Development should not be included here.
8. The amount for the Mental Health target group should equal or exceed the combined expenditures for all Mental Health categorical funds your agency received.
9. The amount reported for the Developmental Disabilities target group should equal or exceed the combined amount for all DD categorical funds, including Family Support, Birth to 3, CIP IA, CIP IB, Children's Long Term Support Waiver for DD, etc.
10. The amount reported for the AODA target group should equal or exceed the combined amounts for the AODA Block Grant and other AODA funding sources.

11. The delinquent and status offender target group expenditures should include all expenditures, even those not the responsibility of the county HSD/DSS (i.e., the Sheriff's Department expenditures for juvenile detention and shelter care).
12. Youth Aids-State Charges amounts should be included on the DDE-942 along with Youth Aids Community charges. In past years, the Youth Aids-State Charges were obtained directly from the Department of Corrections and so were not reported by counties. We will no longer do this. Counties should now report the entire amount to be consistent with their Human Services Revenue Report.
13. Be sure to add in management/support costs that are determined by time study or cost allocation plan, as well as those determined by direct charge.
14. SPC 900 (Inpatient and Institutional Care) and SPC 925 (IMD) are now combined.

Statewide statistical reports combine expense amounts reported on the DDE-942 with comparable client counts from the Human Services Reporting System (HSRS) in reports to legislators, legislative committees, agency directors, and others. Agencies are encouraged to compare client counts, which are provided on HSRS Output Reports with expense amounts on form DDE-942, to be sure expenses and clients are reported in a consistent manner.

## **COUNTY AND OTHER AGENCIES RECEIVING SPECIAL SUBSTANCE ABUSE GRANTS**

County and other agencies receiving special substance abuse grants as well as county agencies who voluntarily enter this data are being requested to report annual DDE-942 alcohol and other drug abuse expenses using detailed SPC subprogram categories for selected treatment services that are provided or rendered under contract. Affected SPC Clusters include 700, 800 and 900 as follows:

### **700 Community Residential Services**

50610 – Transitional residential (hospital setting)

50620 – Transitional residential (CBRF setting)

70510 – Residential intoxication monitoring

### **800 Community Treatment Services**

50700 – Outpatient regular

50705 – Outpatient intensive

50710 – Outpatient individual regular

50715 – Outpatient individual intensive

50720 – Outpatient family regular

50725 – Outpatient family intensive

50730 – Outpatient group regular

50735 – Outpatient group intensive

50740 – Outpatient in-home regular

50745 – Outpatient in-home intensive

50750 – Outpatient emergency

50761 – Antabuse

50762 – Other medical

50763 – Methadone maintenance or narcotic treatment (Milwaukee only)

50764 – Urinalysis

50765 – Medical management

50770 – Methadone or narcotic detox  
50775 – Methadone or narcotic treatment  
70350 – Ambulatory detox  
70410 – Day treatment

**900 Inpatient and Institutional Care**

70310 – Medically managed inpatient detox  
70320 – Medically monitored residential detox  
50350 – Medically managed inpatient treatment  
50360 – Medically monitored inpatient treatment (hospital setting)  
50370 – Medically monitored residential treatment (CBRF setting)

The form has been modified to allow entry of alcohol and other drug abuse expenses for these detailed service categories. Data is entered for each of the SPC subprograms utilized by the county and these entries are summed automatically to calculate the overall SPC Cluster expense.

**TOTAL EXPENSES ALL SOURCES  
BY TARGET GROUP AND STANDARD PROGRAM CLUSTER**

AGENCY TYPE (Check One)

- ☐ 1 DSS  
☐ 2 DCP  
☐ 3 DDB  
☐ 4 HSD  
☐ 6 DO AGING

COUNTY NAME

COUNTY CODE  
(See reverse side)

AGENCY CONTACT

REPORT YEAR \_\_\_\_\_

**TARGET GROUPS**

STANDARD PROGRAM CLUSTER	DEVELOP- MENTAL DISABILITY (1)	MENTAL HEALTH (2)	ALCOHOL / OTHER DRUG ABUSE (3)	PHYSICAL AND SENSORY DISABILITY (4)	DELINQUENT AND STATUS OFFENDER (5)	ABUSED AND NEGLECTED CHILDREN (6)	CHILDREN AND FAMILIES (7)	ADULTS AND ELDERLY (8)	TOTAL EXPENSES COLS. (1) THRU (8)
100 CHILD DAY CARE - CRISIS RESPITE									
104 SUPPORTIVE HOME CARE									
107 SPECIALIZED TRANSPORTATION AND ESCORT									
200 ACCESS, OUTREACH AND PREVENTION									
300 COMMUNITY LIVING / SUPPORT SVCS									
400 INVESTIGATIONS AND ASSESSMENTS									
500 COMMUNITY SUPPORT PROGRAMS									
600 WORK-RELATED AND DAY SERVICES									
615 SUPPORTED EMPLOYMENT									
700 COMMUNITY RESIDENTIAL SERVICES									
800 COMMUNITY TREATMENT SERVICES									
900 INPATIENT AND INSTITUTIONAL CARE INCLUDING IMD									
950 JUVENILE CORRECTIONS									
<b>TOTAL</b>									
SUBTOTALS									
AGE: UNDER 18 YEARS									
AGE: 18 YEARS AND OVER									



<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>	<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>
01	Adams	36	Manitowoc
02	Ashland	37	Marathon
03	Barron	38	Marinette
04	Bayfield	39	Marquette
05	Brown	40	Milwaukee
06	Buffalo	41	Monroe
07	Burnett	42	Oconto
08	Calumet	43	Oneida
09	Chippewa	44	Outagamie
10	Clark	45	Ozaukee
11	Columbia	46	Pepin
12	Crawford	47	Pierce
13	Dane	48	Polk
14	Dodge	49	Portage
15	Door	50	Price
16	Douglas	51	Racine
17	Dunn	52	Richland
18	Eau Claire	53	Rock
19	Florence	54	Rusk
20	Fond du Lac	55	St. Croix
21	Forest	56	Sauk
21	Forest, Oneida, Vilas	57	Sawyer
22	Grant	58	Shawano
22	Grant, Iowa	59	Sheboygan
23	Green	60	Taylor
24	Green Lake	61	Trempealeau
25	Iowa	62	Vernon
26	Iron	63	Vilas
27	Jackson	64	Walworth
28	Jefferson	65	Washburn
29	Juneau	66	Washington
30	Kenosha	67	Waukesha
31	Kewaunee	68	Waupaca
32	La Crosse	69	Waushara
33	Lafayette	70	Winnebago
34	Langlade	71	Wood
34	Langlade, Lincoln, Marathon	72	Menominee
35	Lincoln		

## APPENDIX A

### HSRS OUTPUT REPORTS

This appendix presents samples of all currently available HSRS output reports. These reports have been grouped into the following categories:

- Agency Directories
- Worker Caseload and Caseload History Reports
- SPC Provider Caseload and Caseload History Reports
- Tickler Reports which are intended to remind workers of certain upcoming required actions
- The L303 Agency Management Reports
- Service Summary Reports for Management
- 32T Unit Reporting
- LTS Reports
- Family Support Program Reports
- AODA Reports
- Mental Health Reports
- Birth to Three Program Reports
- Provider Number Reports

Agency directories, worker caseload and SPC provider caseload reports are available in two different versions: reports which incorporate the Family ID linkages into their sort sequence, and reports which use only the clients name in a straight alphabetical sort.

For example, suppose the client ADAMS, MARY has Family ID #25A and the client SMITH, JOHN has Family ID #25B. In a Family ID sorted program, the output will appear in the sequence:

ADAMS, MARY  
SMITH, JOHN  
ADAMS, PAUL (for example)

In the straight alphabetic sort SMITH, JOHN will not be associated with ADAMS, MARY.

The output will occur as:

ADAMS, MARY  
ADAMS, PAUL

and SMITH, JOHN will occur pages later sorted properly within the letter S.

### REQUESTING HSRS OUTPUT REPORTS

Use HSRS screens 05 and 08 to add, change, or delete most standard output reports. To request special reports, contact the SOS Desk.

## APPENDIX A

### HSRS OUTPUT REPORTS

EOS ID	Info, Report Page Number
I. AGENCY DIRECTORIES .....	A6
LH09 L230 Agency Directory - Family ID Sort .....	A6, A24
LH10 L231 Agency Directory - Alphabetic .....	A6, A25
II. WORKER CASELOAD AND CASELOAD HISTORY REPORTS .....	A6
LH11 L242 Worker Caseload.....	A7, A26
LH25 L610 CORE Units Summary .....	A7, A27
LH27 L710 COP Units Summary .....	A7, A28
LH29 L810 Waiver Client Units Summary .....	A7, A29
LH31 L910 Master Units Summary .....	A7, A30
III. SPC PROVIDER CASELOAD AND CASELOAD HISTORY REPORTS .....	A8
LH12 L243 SPC Provider Report - Family ID Sort .....	A8, A31
LH13 L253 SPC Provider Report - Alphabetic .....	A8, A32
LH18 L500 Birth to Three Units Report.....	A8, A33
LH24 L600 CORE Units Summary .....	A9, A34
LH26 L700 COP Units Summary .....	A9, A35
LH28 L800 Waiver Units Summary.....	A9, A36
LH30 L900 Master Units Summary .....	A9, A37
IV. TICKLER REPORTS .....	A9
LH02 L102 Missing Diagnosis Tickler .....	A10, A38
LH08 L220 Case Review Date Tickler .....	A10, A39
LH16 L330 SPC Review Date Tickler .....	A10, A40
V. LH46 L303 QUARTERLY REPORTS .....	A10, A41
VI. SERVICE SUMMARY REPORTS FOR MANAGEMENT.....	A13
LH03 L103 Target Group by SPC Service Summary.....	A13, A48
LH04 L104 SPC by Target Group Service Summary.....	A13, A49
LH17 L400 SPC Provider Service Summary .....	A13, A50
HSRS Summary Statistics.....	A14, A51
VII.32T UNIT REPORTING .....	A15
LH05 L110 32T Units Report .....	A15, A53
LH07 L130 32WV LTS Units Report .....	A15, A54
LHCZ A130 32WV LTS Alpha Units Report	

Report selection/cancelation can be done via screen 05/08 except for reports listed in **BOLD TYPE**. Please contact the SOS Desk regarding **BOLD TYPE** reports.

## APPENDIX A HSRS OUTPUT REPORTS

EOS ID	Info, Report Page Number
<b>VIII. LTS REPORTS</b>	
LHBG L300 LTS Service Summary .....	A16, A55
LHAX 300M LTS Service Summary - Midmonth	
LHBH 300P LTS Service Summary - Previous Year	
LHEC A007 LTS Service Summary - Worker Sort	
LHED 007M LTS Service Summary - Worker Sort - Midmonth	
LHEE 007P LTS Service Summary - Worker Sort - Previous Year	
LHDP L320 LTS Service Summary - Less COP Assessment/Plan .....	A16, A56
LHDS 320M LTS Service Summary - Less COP Assessment/Plan - Midmonth	
LHDQ 320P LTS Service Summary - Less COP Assessment/Plan - Previous Year	
LHDN L399 LTS Service Summary - Expenditure by SPC.....	A16, A57
LHDR 399M LTS Service Summary - Expenditure by SPC - Midmonth	
LHDO 399P LTS Service Summary - Expenditure by SPC - Previous Year	
County Slot Reports .....	A17, A58
LH63 A002 Slot Number Sort	
LH64 A003 Client Name Sort	
LH65 A004 Slot Type Sort	
LHEO A010 CIP1A Waiver Slot Creation Date.....	A17, A59
LHEP 010P CIP1A Waiver Slot Creation Date – Previous Year	
LHEJ A008 LTS Waiver Mandate Report.....	A17, A60
LHCU L016 COP Expenditure Report .....	A17, A61
LHCV 016M COP Expenditure Report - Midmonth	
LHDL 016P COP Expenditure Report - Previous Year	
LHCW L04A LTS-COP Significant Proportion Report .....	A17, A62
LHCX 04AM COP Significant Proportion - Midmonth	
LHDM 04AP COP Significant Proportion - Previous Year	
LH DU A006 Eligible LTS Applicants .....	A18, A63
<b>LTS015 CBRF Expenditure Report .....</b>	<b>A18, A64</b>
<b>IX. FAMILY SUPPORT PROGRAM REPORTS</b>	
LH01 F001 FSP Activity Report.....	A18, A65
LHBE F005 FSP Expenditure Entry List .....	A18, A66
<b>X. AODA REPORTS</b>	
<b>LH54 6110 Total AODA Service Activity .....</b>	<b>A18, A67</b>
<b>LH57 6310 Open AODA SPCs With No Units Reported for 6 Months</b>	
<b>A-31A Excludes Intoxicated Drivers .....</b>	<b>A19, A68</b>
<b>LH59 6312 Open AODA SPCs With No Units Reported for 12 Months</b>	
<b>A-031B Intoxicated Drivers Only</b>	
<b>LH58 6313 Open AODA SPCs With No Units Reported for 3 Months</b>	
<b>A-031C</b>	
<b>LH55 6320 AODA Units Report A-032 .....</b>	<b>A19, A69</b>
<b>AODA Units Report Alpha A-132</b>	

## APPENDIX A

### HSRS OUTPUT REPORTS

EOS ID	Page Number
AODA REPORTS (CONTINUED)	
<b>LH56 6330 Closed AODA SPCs With No Units Reported A-033</b> .....	A19, A70
LH60 6700 AODA Units Report A-700.....	A20, A71
LH61 6701 AODA Units Report Alpha A-700A	
 XII. MENTAL HEALTH REPORTS	
MH32T Mental Health Units Report.....	A20, A72
LHCE 9325 Provider Number Sort - All Units	
LHCB 9322 Provider Number Sort - Required Units	
LHCF 9326 Worker Number Sort - All Units	
LHCC 9323 Worker Number Sort - Required Units	
LHCD 9324 Client Name Sort - All Units	
LHCA 9321 Client Name Sort - Required Units	
MH031 Open MH SPCs With No Units Reported for 6 Months .....	A21, A73
LHCG 9311 Client Name Sort	
LHCH 9312 Provider Number Sort	
LHCI 9313 Worker Number Sort	
MH041 Open MH Episodes With No Service Last 90 Days.....	A21, A74
LHCJ 9411 Client Name Sort	
LHCK 9412 Provider Number Sort	
LHCL 9413 Worker Number Sort	
MH700 MH Units Summary Report .....	A22, A75
LHCM 9701 Client Name Sort	
LHCN 9702 Provider Number Sort	
LHCO 9703 Worker Number Sort	
LHCP 9704 Prior Year by Client Name	
LHCQ 9705 Prior Year by Provider Number	
LHCR 9706 Prior Year by Worker Number	
New Episodes Consumer Status Information Worksheet .....	A22, A76
LHDA 98N1 Client Name Sort	
LHDB 98N2 Provider Number Sort	
LHDC 98N3 Worker Number Sort	
Open Episodes Needing Six Month Consumer Status Update.....	A23, A77
LHDD 98U1 Client Name Sort	
LHDE 98U2 Provider Number Sort	
LHDF 98U3 Worker Number Sort	
LHDZ 98B2 BRC Provider Sort	
Closing Consumer Information Worksheet .....	A23, A78
LHDG 98C1 Client Name Sort	
LHDH 98C2 Provider Number Sort	
LHDI 98C3 Worker Number Sort	

## APPENDIX A

### HSRS OUTPUT REPORTS

#### XIII. BIRTH TO THREE PROGRAM

LH18 L500 Birth to Three Report.....A8, A33

#### XIV. PROVIDER NUMBER REPORTS .....A23, A79

LH33 Provider by Name

LH34 Provider by ID

LH42 Provider Name by Type Within County

LH41 Provider Number by Type Within County

#### **MODULE TYPE (MOD TYPE, MOD, MT) USED ON HSRS REPORTS**

1 = CORE Human Services Reporting System

5 = FSP Family Support Program

6 = AODA Alcohol and Other Drug Abuse

9 = MH Mental Health

0 = B3 Birth to Three Program

A = LTS Long-Term Support

## APPENDIX A

### I. **AGENCY DIRECTORIES**

Agency directories list all clients served by the agency within the last thirteen months. The client may or may not be currently active. Program data (SPCs, target groups, provider IDs, start and end dates) is provided for each program within an episode that was open within the thirteen month time period. The workers associated with each episode are listed.

Two versions of Agency Directories are available - the L230, which takes Family ID's into account in its sort sequence; and the L231 which is a straight alphabetically sorted directory.

REPORT: L230 AGENCY DIRECTORY – FAMILY ID SORT  
TIME PERIOD COVERED: All clients served in the last thirteen months.  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Client name. (Clients with a Family ID not ending in A are sorted under the name of their linked client whose corresponding Family ID starts with A).  
COMMENTS: This report is an alphabetical listing of all clients served by the agency in the last thirteen months.

REPORT: L231 AGENCY DIRECTORY - ALPHABETIC  
TIME PERIOD COVERED: All clients served in the last thirteen months.  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Client name  
COMMENTS: This report is identical to the L230 except it does not tie clients together by their corresponding Family ID's.

### II. **WORKER CASELOAD AND CASELOAD HISTORY REPORTS**

When a worker is indicated in Field 1 of the DDE-31, that worker becomes associated with the current episode for the client being reported. Worker sorted reports will provide the case worker with program information on all episodes for which he/she is designated as the worker in Field 1.

The L242 report lists all currently open programs for the worker. The L242 incorporates Family ID in its sorting sequence.

The L610, L710, L810 and L910 list all programs which have been provided to clients of the worker in the current year regardless of whether the programs are currently open or closed. These reports also indicate units of service provided to the client, by program and by month. (Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.)

The L610 lists units associated with CORE programs, the L710 lists units associated with COP programs, the L810 lists units associated with Waiver programs, and the L910 combines the others and lists all units regardless of type of program.

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REPORT:	L242 WORKER CASE LOAD
TIME PERIOD COVERED:	All clients with currently open programs.
PRIMARY SORTS:	Agency, worker
SECONDARY SORTS:	Client name (alphabetical) – Family ID grouping used.
COMMENTS:	Provides each worker with a listing of cases for which they were listed as the worker (Field 1) on the DDE-31.
REPORT:	L610 CORE UNITS SUMMARY
TIME PERIOD COVERED:	All clients active sometime during current year.
PRIMARY SORTS:	Agency, worker
SECONDARY SORTS:	Client name (alphabetical, by last name).
COMMENTS:	Provides service history for all clients active during current year.
REPORT:	L710 COP UNITS SUMMARY
TIME PERIOD COVERED:	Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
PRIMARY SORTS:	Agency, worker
SECONDARY SORTS:	Client name (alphabetical), program key.
COMMENTS:	Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.
REPORT:	L810 WAIVER CLIENT UNITS SUMMARY
TIME PERIOD COVERED:	Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
PRIMARY SORTS:	Agency, worker
SECONDARY SORTS:	Client name (alphabetical), program key.
COMMENTS:	Provides a history of units reported, by month, for all programs provided to Waiver clients open during the current (or in the case of January or February, previous) year.
REPORT:	L910 MASTER UNITS SUMMARY
TIME PERIOD COVERED:	Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
PRIMARY SORTS:	Agency, worker
SECONDARY SORTS:	Client name
COMMENTS:	This report presents units reported on CORE and LTS clients.



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### III. **SPC PROVIDER CASELOAD AND CASELOAD HISTORY REPORTS**

SPC providers are associated with programs whenever a provider number is entered into Field 23 of the DDE-31. SPC provider sorted reports will provide the SPC provider with information on all programs for which he is designated as the program provider.

The L243 and L253 reports list all currently open programs for the SPC provider. The L243 incorporates Family ID in its sorting sequence, the L253 does not.

The L500, L600, L700, L800 and L900 list all programs provided by the SPC provider during the current year, regardless of whether the program is currently open or closed. These reports also indicate units of service by client, program and month. (Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year, rather than the current year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.)

The L500 lists units associated with Birth to Three programs. The L600 lists units associated with CORE programs, the L700 lists units associated with COP programs, the L800 lists units associated with Waiver programs, and the L900 combines the others and lists all units regardless of type of program.

REPORT:	L243 SPC PROVIDER REPORT – FAMILY ID
TIME PERIOD COVERED:	All clients with currently open programs.
PRIMARY SORTS:	Agency, SPC provider.
SECONDARY SORTS:	Client name (alphabetical) - Family ID. Grouping used - clients sorted separately within each module type.
COMMENTS:	Provides each SPC provider with a listing of their currently active clients.
REPORT:	L253 SPC PROVIDER REPORT - ALPHABETIC
TIME PERIOD COVERED:	All clients with currently open programs.
PRIMARY SORTS:	Agency, SPC provider.
SECONDARY SORTS:	Client name (alphabetical).
COMMENTS:	This report is the same as the L252 except that Family ID is not used in the output sort sequence. The report provides each SPC provider with a listing of their currently active clients.
REPORT:	L500 BIRTH TO THREE UNITS REPORT
TIME PERIOD COVERED:	All clients active sometime during the current year.
PRIMARY SORTS:	Agency
SECONDARY SORTS:	Client name (alphabetical).
COMMENTS:	Provides service history for all clients active during current year. Prints prior year in January and February.

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REPORT: L600 CORE UNITS SUMMARY  
TIME PERIOD COVERED: All clients active sometime during current year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name (alphabetical, by last name).  
COMMENTS: Provides service history for all clients active during current year.

REPORT: L700 COP UNITS SUMMARY  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name (alphabetical), program key.  
COMMENTS: Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.

REPORT: L800 WAIVER UNITS SUMMARY  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name  
COMMENTS: Provides a history of units reported, by month, for all programs provided to waiver clients open during the current (or in the case of January and February, previous) year.

REPORT: L900 MASTER UNITS SUMMARY  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name  
COMMENTS: This report presents units reported on CORE and LTS clients.

#### IV. TICKLER REPORTS

Three tickler reports exist on HSRS. These are the L102, Clients with Diagnosis Deferred or Missing, the L220, Case Review Date, and the L330 SPC Review Date.

The L102 lists all clients who have a missing Diagnosis or Diagnosis deferred (799.9).

The L220 report is based on the Next Review Date field (Field 10) of the DDE-31. Agencies may use this field for review lists or any other activity they designate. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

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The L330 report is based on the next SPC Review Date field of the DDE-31. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

REPORT: L102 MISSING DIAGNOSIS TICKLER  
TIME PERIOD COVERED: As of date of program execution.  
PRIMARY SORTS: Agency then worker. (Separate page for each worker).  
SECONDARY SORTS: Alphabetical by client name.  
COMMENTS: Lists all clients who have no entry in diagnosis field or a diagnosis of 799.9. HSDs and DCPs should be able to use this report to ensure that an appropriate diagnosis is entered for all clients.

REPORT: L220 CASE REVIEW DATE TICKLER  
TIME PERIOD COVERED: Indicates reviews or reports due by end of the second month after run month.  
PRIMARY SORTS: Agency, worker (separate page for each worker).  
SECONDARY SORTS: Alphabetical by client name.  
COMMENTS: This report is based on the contents of DDE-31 Case Review Date (Field 10) or Screen 18 Next Review Date for module clients. Clients having dates in this field which occur before the run date will be indicated as overdue for a review or report by the <= = symbol.

REPORT: L330 SPC REVIEW DATE TICKLER  
TIME PERIOD COVERED: Indicates reviews or reports due by end of program run month.  
PRIMARY SORTS: Agency provider (separate page for each provider).  
SECONDARY SORTS: Alphabetical by client name.  
COMMENTS: This report is based on the contents of the SPC Review Date field.

### V. L303 QUARTERLY REPORTS

The L303 reports are year to date reports produced quarterly. They are normally run one month following the end of the quarter and contain data for services through the end of the quarter.

The L303 comprises seven tables. They are numbered 1, 2, 3, 7, 9, 10, 11, the missing numbers being discontinued tables. These are management reports summarizing HSRS data into various categories. No client specific data are shown.

**Table 1 displays unduplicated client counts by sex, race, Hispanic/Latino indicator, and age.** Any client receiving programs during the period of the report is included.

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**Table 2 displays client counts by zip code broken down by sex, race, Hispanic/Latino indicator, and age.** All client counts are unduplicated. The first line, Total Clients, therefore matches Table 1 figures.

**Table 3 displays client counts by client characteristics broken down by sex, race, Hispanic/Latino indicator, and age.** The first line, Total Clients, is an unduplicated count of all clients. These figures therefore match those found in Table 1. All three client characteristic fields are used. Each client is counted once in each client characteristic entered for the client on episodes containing services open at some time during the captioned time period. A client may then be counted in more than one characteristic.

**Table 7 displays client counts by target group broken down by sex, race, Hispanic/Latino indicator, and age.** The first line, Total Clients, is an unduplicated count of all clients. Figures therefore match those found in Table 1. Each client is counted once in each target group in which one or more SPCs were received during the captioned time period. A client may then be counted in more than one target group.

**Table 9 displays program counts by length of service for target groups within SPC.** The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore, both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column.

The second column, headed Target Group is developed from the target group codes entered for each SPC. If your agency requested it, the actual codes are used, including the extended CSIS codes. If no such request was made then the codes are collapsed into the eight HSRS codes. (Exceptions are codes 30, 56, and 99 which cannot be placed accurately; these appear separately.) An \* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or Cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals, for example, total for community living/support services (300). Breaks between clusters are designated by double dashed lines ( = = = = = ).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous paragraph. The SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

The third column, labeled No Dates Entered contains the counts of SPCs entered for the captioned time period with no SPC start date.

Subsequent columns contain counts of SPCs open for the length of time shown. The length of service for open SPCs is taken to the end of the captioned time period.

The total column on the right matches program counts for corresponding categories on Tables 10 and 11. As with 10 and 11 the number of programs is determined as the actual number of programs entered into HSRS. This means that if there are six

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programs in an episode, number 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

### **Table 10 displays program counts, client counts, days of care, and optional units for SPC within target groups.**

The first column headed Target Group contains the target group codes entered for each SPC. An \* after the target group indicates a HSRS grouping. An \*\* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The second column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on waivers, a separate line appears for waiver data.

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example, a client receiving two CBRF (506) programs both with Target Group DD (01) is counted as one client on the line for Target Group DD/SPC CBRF. Also a client receiving SPCs 506 and 507, both with target group 01, is counted in each SPC under that target group but only once in the target group total.

Days of care are shown and totals for any category in which they were entered.

Other units are tabulated as entered. Totals by target group are not calculated since different unit types may be reported for different SPCs.

The example is a single page taken from the interior of a sample report.

### **Table 11 displays program counts, client counts, days of care, and optional units for target groups within SPC.**

The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on waivers, a separate line appears for waiver data.

The second column, headed Target Group contains the target group codes entered for each SPC. An \* after the target group indicates a HSRS grouping. An \*\* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals; for example Total for Comm Living/Support Services (300). Breaks between clusters are designated by double dashed lines ( = = = = = ).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous

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paragraph. These SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example a client receiving two CBRF (506) programs, one in target group DD (01) and one in target group AODA (18) is counted in each target group line but contributes only one count to the total for SPC 506. The same is true for a client receiving two SPCs within the same cluster; the cluster client totals will count that client only once.

Days of care are shown and totaled for any category in which they were entered. Other units are tabulated when entered. Totals within SPC only are shown since different unit types may be used for different SPCs.

### VI. **SERVICE SUMMARY REPORTS FOR MANAGEMENT**

Service summary reports are provided on the HSRS system to assist management in tracking agency activity. The L103 report totals, for each target group, the number of clients active in each SPC for the previous month. It also breaks these clients down into age groups, and classifies the services as purchased or provided.

The L104 report is identical to the L103, except that it uses SPC as the primary variable, and target group as the secondary variable.

The L400 report lists for each combination of SPC provider, SPC and Target Group, the number of clients active in the month being reported, admissions and discharges during this month, and units of service for this month. (Because of the delay in unit reporting, the month being reported always precedes the program run month by two months. Thus, the L400 run in early April, 2007 will be reporting on clients and units associated with February, 2007.) Year to date clients and units of service are also presented.

The L300 report provides a yearly summary of units and costs on all programs provided to waiver clients.

REPORT:	L103 TARGET GROUP BY SPC SERVICE SUMMARY
TIME PERIOD COVERED:	Month prior to run month.
PRIMARY SORTS:	Agency
SECONDARY SORTS:	Target group, SPC.
COMMENTS:	Presents Target Group/SPC breakdowns for the previous month by age and purchased/provided groupings.

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REPORT: L104 SPC BY TARGET GROUP SERVICE SUMMARY  
TIME PERIOD COVERED: Month prior to run month.  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Standard Program Code, Target Group.  
COMMENTS: Presents SPC/Target Group breakdown for the previous month by age and purchased/provided groupings.

REPORT: L400 SPC PROVIDER SERVICE SUMMARY  
TIME PERIOD COVERED: Two months prior to run date (the report issued early in January 2007, for example, covers services provided in November 2006.  
PRIMARY SORTS: Agency  
SECONDARY SORTS: SPC provider (numeric designation).  
COMMENTS: Summarizes by SPC Provider, SPC and Target Group, active clients, admissions, discharges and units of service for the month being reported on. Also provides year to date totals of clients served, and units of service.

### HSRS SUMMARY STATISTICS MEMO & REPORTS

DIVISION OF DISABILITY AND ELDER SERVICES

September 27, 2006

TO: Local Agency Contacts for HSRS

FROM: SOS Desk

RE: HSRS FINAL DATA FOR 2005

As in previous years, attached is a report showing data reported on HSRS by your agency for the past 7 years. This report shows your client totals for each of the major target groups for each of the past 7 years, as well as unduplicated totals. Many agencies have indicated this is useful for determining agency trends and projecting future needs. Some agencies may notice a jump in 2004 and 2005 because a change was made in how we count clients with no start and end dates in Core.

Also attached is a report showing just 2005 data, including data about the age, race, and sex of clients and the services delivered. The reporting deadline for 2005 was February 2006, but all data entered until the end of August are included.

Note that Birth to Three Module clients are counted in the Children and Family category on these reports.

Please share this report with your agency director and other staff who might find it useful.

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Your help in assuring complete and accurate data is much appreciated. If you have questions or concerns, please contact the SOS Desk at 608-266-9198, or [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)

### HSRS FINAL DATA FOR CALENDAR YEAR

Includes final data at the end of each calendar year about the age, race, and sex of clients and the services delivered. Produced in the spring for previous year data.

### HSRS CLIENTS BY TARGET GROUP

Includes client totals for each of the major target groups for the past seven years, as well as unduplicated totals. Can be used for determining agency trends and projecting future needs.

## VII. 32T REPORTING TURNAROUNDS

32T reports are designed to assist agencies in the reporting of required data to meet state and federal reporting requirements.

Four versions of the 32T exist. Two of the versions list all SPCs open for the agency in the month prior to the report. The other two versions list only SPCs on which units reporting is a requirement. Each of these versions is also available sorted either by worker or by SPC provider.

The 32WV lists all Waiver programs open during the previous month, and provides spaces for units and costs to be entered for each program. It is sorted by worker.

You may request the 32T using the report menu (screens 05 and 08) on HSRS. However, you must then let the SOS Desk know the specific version(s) you desire:

- by Worker or Provider
- all SPCs or those for which unit reporting is required.

REPORT: L110 32T UNITS REPORT

TIME PERIOD COVERED: Current

PRIMARY SORTS: Agency (see below)

SECONDARY SORTS: (See below)

COMMENTS: This report acts as a unit reporting reminder. Four versions of this report are available (see below).

Four versions of this report are available:

- |        |  |
|--------|--|
| PA-SPC | Provider sorted, lists all programs currently open or closed in previous month.  |
| PR-SPC | Provider sorted, lists only those programs currently open or closed in previous month in which unit reporting is required. |
| WA     | Worker sorted, lists all programs currently open or closed in previous month.  |
| WR     | Worker sorted, lists only those programs currently open or closed in previous month in which unit reporting is required.   |



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REPORT: L130, A130 32 WV LTS UNITS REPORT  
TIME PERIOD COVERED: Month previous to month of run.  
PRIMARY SORTS: L130 - Agency, worker  
A130 - Agency, alpha  
SECONDARY SORTS: Client name, program key  
COMMENTS: Lists all programs of waiver clients which were open sometime during the previous month. Provides spaces so that units and costs may be filled in on these programs for keying.

### VIII. LTS REPORTS

REPORT: L300, 300M, 300P, A007, 007M, 007P LTS SERVICE SUMMARY  
TIME PERIOD COVERED: L300 current calendar year,  
300M midmonth previous calendar year,  
300P previous calendar year.  
A007 current calendar year worker sort,  
007M midmonth previous calendar year worker sort,  
007P previous calendar year worker sort  
PRIMARY SORTS: LTS Code (program type)  
SECONDARY SORTS: Client name  
COMMENTS: Lists all waiver and COP clients active during a calendar year.  
Displays monthly costs, days of service, unit cost and per diem costs.

REPORT: L320, 320M, 320P LTS SERVICE SUMMARY – LESS COP ASSESSMENT/PLAN  
TIME PERIOD COVERED: L320 current calendar year,  
320M midmonth previous calendar year,  
320P previous calendar year.  
PRIMARY SORTS: LTS Code (program type)  
SECONDARY SORTS: Client name  
COMMENTS: This report is identical to the L300 except it excludes COP assessment and plan costs.

REPORT: L399, 399M, 399P LTS SERVICE SUMMARY – EXPENDITURE BY SPC  
TIME PERIOD COVERED: Current calendar year,  
399 midmonth previous calendar year,  
399P previous calendar year  
PRIMARY SORTS: LTS Code (program type)  
SECONDARY SORTS: SPC/Subprogram code  
COMMENTS: Summarizes LTS module costs by SPC/subprogram code By month. Also includes service days for all active clients.

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REPORT:	COUNTY SLOT REPORT
SORTS:	Three versions of this report are available: A002 - Slot number sort A003 - Client name sort A004 - Slot type sort
REPORT:	A010, 010P CIP1A WAIVER SLOT CREATION DATE
TIME PERIOD COVERED:	Current calendar year, 010P previous year (January, February, March)
PRIMARY SORTS:	Slot creation date
SECONDARY SORTS:	Client name
COMMENTS:	Lists CIP1A Waiver clients reported by the slot creation date. Displays client name, slot number, slot creation date, slot variance rate, total costs, total days, and episode code.
REPORT:	A008 LTS WAIVER MANDATE REPORT
TIME PERIOD COVERED:	1-1-2006 through current month end
PRIMARY SORTS:	Reporting unit
SECONDARY SORTS:	Client characteristics
COMMENTS:	Lists clients by county and client characteristic, showing their Waiver eligibility index, level of care, living arrangement, and Current COP costs.
REPORT:	L016, 016M, 016P COP EXPENDITURE REPORT
TIME PERIOD COVERED:	L016 Current month 016M Midmonth 016P Previous calendar year
PRIMARY SORTS:	County, client name
SECONDARY SORTS:	None
COMMENTS:	This report provides a detailed listing of COP clients having Any activity (assessment, plan, or service) during the year.
REPORT:	L04A, 04AM, 04AP LTS COP SIGNIFICANT PROPORTION REPORT
TIME PERIOD COVERED:	L04A Current calendar year 04AM Midmonth previous calendar year 04AP Previous calendar year
PRIMARY SORTS:	County, First Client Characteristic
SECONDARY SORTS:	None
COMMENTS:	This report categorizes clients according to the First Client Characteristic to aid in monitoring the significant proportion constraint.

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REPORT: A006 – REGISTER OF OPEN ELIGIBLE APPLICANTS  
TIME PERIOD COVERED: As of previous end-month  
PRIMARY SORTS: Agency  
SECONDARY SORTS: First Client Characteristic, Program Code (SPC)  
COMMENTS: Report lists all open clients with an SPC of 897, 898, or 899.  
Listed variables include client name, episode code, age, living arrangement, episode start date, and program start date.

REPORT: LTS015 CBRF EXPENDITURE REPORT  
TIME PERIOD COVERED: As of previous end-month  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Episode Key, LTS Type (Srtwav)  
COMMENTS: Lists annual costs per client episode for each LTS program.  
The report also indicates the CBRF type. This report is distributed to the county agencies several times a year at the discretion of the BALTC program staff.

### IX. FSP REPORTS

F001 FSP ACTIVITY REPORT - Run monthly.

Detailed listing of FSP clients active at any time during the current year.

Sorted by client name.

F005 FSP SERVICE CLIENTS EXPENDITURE ENTRY LIST - Run annually.

Used to enter annual FSP expenditures, and to enter the two annual questions:

Has family considered out of home placement? Is family in a crisis situation?

### X. AODA REPORTS

REPORT: 6110 TOTAL AODA SERVICE ACTIVITY  
PERIOD COVERED: Prior month (appears in report title) with year to date.  
PRIMARY SORTS: Agency.  
SECONDARY SORTS: Provider.  
COMMENTS: Provides year to date and prior month service activity for each provider providing service to clients of that agency.  
By column:  
Open - the number of cases open at the time at beginning of the year;  
YTD New - cases open year to date during the year;  
YTD Closed - cases closed year to date;  
Open (date) - cases open at the beginning of the month;  
New (month) - new cases during the month;  
Closed (month) - cases closed during the month;  
Open (date) - cases open at the end of the report period.  
The final figure for the month and YTD.  
To calculate by column:  
 $A + B - C = G$   
 $D + E - F = G$

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REPORT: A031A, A031B, A031C OPEN AODA SPCS WITH NO UNITS REPORTED  
TIME PERIOD COVERED: Prior month (printed at top right of report).  
PRIMARY SORTS: Agency, worker ID.  
SECONDARY SORTS: Client name, Client number.  
COMMENTS: Provides list of clients to workers where no units have been reported for:  
6 months(A) - excludes intoxicated drivers,  
12 months(B) - intoxicated drivers only, or  
3months(C).  
Since reporting of units is required monthly or quarterly this alerts a worker that either units should be entered or the service should be closed.

REPORT: A032 AODA UNITS REPORT  
TIME PERIOD COVERED: Prior month (printed at top right of report).  
PRIMARY SORTS: Agency, provider  
SECONDARY SORTS: Client name, client number, episode key.  
COMMENTS: Lists all AODA SPCs which were open at any time during the report month. This report is sent to providers and used as a turnaround document for reporting units of service. It can be used for reporting SPC end reason, closing statuses, and SPC end date. It can also be used as a data entry document for entering unit and SPC closure information.

REPORT: A132 AODA UNITS REPORT  
TIME PERIOD COVERED: Prior month (printed at top right of report).  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Client name, client number, episode key.  
COMMENTS: Lists all AODA SPCs which were open at any time during the report month. This report is similar to the AODA-32T. Where the AODA-32T is normally used as a turnaround document for providers to report units, the AODA-32T(A) is used by agencies who do not use the AODA-32T but still wish to compare their internal system with the HSRS system.

REPORT: A033 CLOSED AODA SPCS WITH NO UNITS REPORTED  
TIME PERIOD COVERED: Prior month (printed at top right of report).  
PRIMARY SORTS: Agency, worker ID  
SECONDARY SORTS: Client name, client number, episode key.  
COMMENTS: Provides a listing to workers of clients in closed services where no service units have been reported. Workers are directed to either enter units or delete the SPC, if no service was ever provided.

## APPENDIX A

REPORT: A700 AODA UNITS REPORT  
TIME PERIOD COVERED: All services which were open at any time during a calendar year (printed at top right of report). The list includes units reported up through the end of the prior month.  
PRIMARY SORTS: Agency, provider number  
SECONDARY SORTS: Client name, client number, episode key.  
COMMENTS: Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year (year is printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed.

REPORT: A700(A) AODA UNITS REPORT ALPHA  
TIME PERIOD COVERED: All services which were open at any time during a calendar year (printed at top right of report). The list includes units reported up through the end of the prior month.  
PRIMARY SORTS: Agency  
SECONDARY SORTS: Client name, client number, episode key.  
COMMENTS: Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year (year is printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed. This report differs from the AODA700 in that it is not sorted by provider number.

## XII. MENTAL HEALTH REPORTS

REPORT: 9325, 9322, 9326, 9323, 9324, 9321 MENTAL HEALTH UNITS REPORT  
TIME PERIOD COVERED: Current  
PRIMARY SORTS: Reporting Agency, provider, worker ID.  
SECONDARY SORTS: Client name  
COMMENTS: This report lists all clients/consumers for which there were open MH SPCs at any time during the report month. This report is sent to reporting agencies to be used as a turnaround document for reporting units of service, a data entry document for entering unit and SPC closure information. It can also be used to compare in-house reporting systems with HSRS. This report is printed and distributed quarterly but is available monthly if needed.

Six versions of this report are available:

9325 - provider sorted, lists all programs currently open or closed in the previous month.

9322 - provider sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**

## APPENDIX A

9326 - worker sorted, lists all programs currently open or closed in the previous month.

9323 - worker sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**

9324 - client name sorted, lists all programs currently open or closed in the previous month.

9321 - client name sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**

REPORT: MH031: 9311, 9312, 9313 OPEN MH SPCS WITH NO UNITS REPORTED FOR 6 MONTHS  
TIME PERIOD COVERED: Prior month (printed at top right corner of report).  
PRIMARY SORTS: See versions below.  
SECONDARY SORTS: See versions below.  
COMMENTS: This report provides a list of clients/consumers for whom open SPCs (no end date) have not had units of service reported during the previous six (6) months. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:

9311 - sorted by client name

9312 - sorted by provider number, then client name

9313 - sorted by worker number, then client name

REPORT: MH041: 9411, 9412, 9413 OPEN MH EPISODES WITH NO SERVICE LAST 90 DAYS  
TIME PERIOD COVERED: Previous month (printed at the top right corner of report).  
PRIMARY SORTS: See versions below.  
SECONDARY SORTS: See versions below.  
COMMENTS: This report provides a list of clients/consumers who have Open episodes and for whom there has been no reported activity for 90 days. If all SPCs are closed and no action is taken, the HSRS system will close the episode. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:

9411 - sorted by client name

9412 - sorted by provider number, then client name

9413 - sorted by worker number, then client name

## APPENDIX A

**REPORT:** MH700: 9701, 9702, 9703, 9704, 9705, 9706 MH UNITS SUMMARY

**TIME PERIOD COVERED:** All services that were open at any time during a calendar Year (printed at top right of report).

**PRIMARY SORTS:** See versions below.

**SECONDARY SORTS:** See versions below.

**COMMENTS:** This report provides a history of units of service reported by Month for all services provided during the calendar year. Year is printed at the top right corner of the report. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:

Current calendar year

9701 - sorted by client name

9702 - sorted by provider number, then client name

9703 - sorted by worker number, then client name

Previous calendar year

9704 - annual by client name

9705 - annual by provider number, then client name

9706 - annual by worker number, then client name

**REPORT:** 98N1, 98N2, 98N3 NEW EPISODES CONSUMER STATUS INFORMATION WORKSHEET

**TIME PERIOD COVERED:** Past Month

**PRIMARY SORTS:** Reporting Agency, Provider, Worker ID

**SECONDARY SORTS:** Client/Consumer Name

**COMMENTS:** This report lists all clients/consumers who began a MH episode with a BRC Target Population code of H or L in the previous month and did not have CSDS data reported. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:

98N1 - sorted by client/consumer name

98N2 - sorted by provider number, then client/consumer name

98N3 - sorted by worker number, then client/consumer name

## APPENDIX A

REPORT: 98U1, 98U2, 98U3, 98B2 OPEN EPISODES NEEDING SIX MONTH CONSUMER STATUS UPDATE

TIME PERIOD COVERED: Past Month

PRIMARY SORTS: Reporting Agency, Provider, Worker ID

SECONDARY SORTS: Client/Consumer Name

COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and now require a 6 month update of CSDS data. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Versions of this report available:

98U1 - sorted by client/consumer name

98U2 - sorted by provider number, then client/consumer name

98U3 - sorted by worker number, then client/consumer name

98B2 - BRC Target Population sorted by provider number

REPORT: 98C1, 98C2, 98C3 CLOSING CONSUMER INFORMATION WORKSHEET

TIME PERIOD COVERED: Past Month

PRIMARY SORTS: Reporting Agency, Provider, Worker ID

SECONDARY SORTS: Client/Consumer Name

COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and whose mental health episode has now closed. CSDS data is required at episode closing if at least 90 days have passed since the last update. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:

98C1 - sorted by client/consumer name

98C2 - sorted by provider number, then client/consumer name

98C3 - sorted by worker number, then client/consumer name

REPORT: PROVIDER NUMBER

SORTS: Available versions of this report:

Provider by name

Provider by ID

Provider name by type within county

Provider number by type within county



.&FORMAT COUNTY HSD L230 4000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 COUNTY HSD  
REPORT ID : HSRS-L230 DIRECTORY LISTING OF HSRS CLIENTS (OPEN IN THE LAST 13 MONTHS)

PAGE: 1  
RPTDATE: 10/31/06

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	BIRTH DATE DIAGNOSIS	SOC-SEC-NO EPS KEY	MOD START	EPISODE END	WORKER	KEY SPC SUB	TG	PROGRAM INFORMATION PROVIDER	STRT DT	END DT	LTS	
Y444-6260	31648	12/04/89	V61.0	Z22	19 1	02/14/96	9-00003 01	507	64	0535800000	02/14/96	05/14/96	
AB, CH		03/05/05					9-00019 01	706 03	64		09/28/06		
W585-0-6010	42852		C00		32 0	09/15/06		706 17	64		09/15/06		
AB, CA		10/16/23		391		46	9-00004 01	603 01	58	9-00004	05/03/01	05/03/01	7
N678-0-6010			A0		54 A	05/03/01		603 02	58	9-00004	05/03/01	05/03/01	7
							02	604	58	9-00004	05/03/01	08/01/02	3
							03	102	58	4-80001	05/03/01	08/01/02	3
							04	103 22	58	0-00000	05/03/01	08/01/02	3
							05	095 02	58	9-00004	03/01/02	12/31/05	7
							06	107 30	58	7-00000	03/01/02	08/01/02	3
							07	503	58		01/22/02	03/08/02	3
							08	604	58	9-00004	01/01/02	08/01/02	7
							09	506 65	58	0-00000	03/01/02	08/01/02	3
							10	604	58	9-00004	08/01/02		2
							11	102	58	4-80001	08/01/02		2
							12	095 02	58	9-00004	08/01/02		2
							13	107 30	58	7-00000	08/01/02		2
							14	506 65	58	0-00000	08/01/02		2
							15	506 65	58	0-00000	03/01/02		7
							16	095 02	58		08/01/02		7
							17	503	58		03/19/03	03/24/03	2
							18	604	58		03/01/03		7
							19	503	58		04/12/05	04/13/05	2
							20						
AB, AM		08/22/89					9-00048 01	603	61	9-00048	10/11/06		
M208-0-5010	40772		W3		18 1	10/11/06							
AB, PA		09/09/64		391		18	9-11115 01	604	64	9-11115	05/02/94	02/28/95	
Y928-0-5010			C1		82 1	05/02/94							
AC, JA		04/03/04					9-00007 01	706 03	64		08/29/05		
N321-0-1020	41807		D0		85 0	08/29/05		706 17	64		08/29/05		
AD, TI		10/09/90					9-1216 01	603	61	9-1216	06/02/97	07/02/97	
Q968-0-1030			I24		0 1	06/02/97							

APNDX - A24

.&FORMAT ██████████ CO HUMAN SERVCS DEPT L231 40000 PRINTS:1 FICHE: 0  
 REPORTING UNIT: 40 ██████████ CO HUMAN SERVCS DEPT  
 REPORT ID : HSRs-L231 DIRECTORY LISTING OF HSRs CLIENTS (OPEN IN THE LAST 12 MONTHS)

PAGE: 1  
 RPTDATE: 10/31/06

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	BIRTH DATE DIAGNOSIS	SOC-SEC-NO EPS KEY MOD	EPISODE START END	WORKER	KEY	SPC	TG	PROGRAM INFORMATION PROVIDER	STRT DT	END DATE
AA ██████████, KA ██████████ G655-████████ 50-6020		02/16/77	Z2 ██████████ 03 1 K0 ██████████ 97 9	09/26/94 05/09/06	B ██████████ 9 ██████████ 10050	R ██████████ 01 603 61 01 503 31	9 ██████████ 10050 07 ██████████ 0000	09/26/94 05/09/06	01/27/95 05/15/06		
AB ██████████, JA ██████████ Q321-████████ 55-5010		04/03/88	Y3 ██████████ 64 1		B ██████████ 9 ██████████ 10047	Z ██████████ 01 301 06	9 ██████████ 10047	01/09/06	01/31/06		
A ██████████, ZA ██████████ E320-████████ 30-6010		01/23/99	N3 ██████████ 17 1	10/19/05	J ██████████ 9 ██████████ 10100	A ██████████ 01 603 61	9 ██████████ 10100	10/19/05	12/19/05		
AC ██████████, AL ██████████ A141-████████ 55-4020		04/21/71	E0 ██████████ 67 9 A3 ██████████ 94 6 M0 ██████████ 81 9	01/12/06 01/16/06 01/16/06 06/07/06 04/24/06	████████ 0122 0769601009	01 503 31 01 507 18 02 503 18 01 507 31	0 ██████████ 0000 9 ██████████ 10122 0 ██████████ 0000 0 ██████████ 1009	01/12/06 02/07/06 01/16/06 04/24/06	01/16/06 06/07/06 02/06/06 06/01/06		
AC ██████████, JO ██████████ X790-████████ 250-6020		03/17/90	A3 ██████████ 58 1		B ██████████ 9 ██████████ 0047	Z ██████████ 01 301 06	9 ██████████ 10047	02/28/06	02/28/06		
AD ██████████, ██████████ X962-████████ 50-6030		07/29/92	624 ██████████ 31 W01 ██████████ 86 A	02/09/06		01 603 01 02 898 01	0 ██████████ 01016	06/01/06 02/09/06	06/15/06		
AD ██████████, ST ██████████ Q471-████████ 50-3030		05/14/64	U0 ██████████ 891 9	02/06/05	0769601011	01 507 31 02 507 31 03 503 31 04 503 31	07 ██████████ 1013 07 ██████████ 01011 07 ██████████ 00000 07 ██████████ 00000	02/09/05 02/22/05 02/06/05 03/31/05	03/17/05		
AF ██████████, JO ██████████ T761-████████ 1010		05/07/78	394 ██████████ 45 R3 ██████████ 69 1 C0 ██████████ 12 A	01/24/96 06/18/03	0769610000	01 604 01 02 108 01 01 898 01 02 603 01	9 ██████████ 10074 07 ██████████ 00000 06/18/03 07 ██████████ 2005	01/24/96 09/16/03 06/25/03	01/04/99 06/25/03		
AF ██████████, TA ██████████ L202-████████ 43-4010		06/02/97	Z0 ██████████ 34 9	09/18/06	0769601009	01 507 31	076 ██████████ 1009	09/18/06			
AH ██████████, NA ██████████ R110-████████ 52-3040		01/11/95	P ██████████ 79 1	02/23/04	M ██████████ 9 ██████████ 0109	Z ██████████ 01 603 61 02 301 06 03 800 06 04 205 06 05 301 61 06 603 61	9 ██████████ 10049 9 ██████████ 10049 9 ██████████ 10098 2 ██████████ 0009 9 ██████████ 0047 9 ██████████ 0109	02/23/04 03/25/04 03/25/04 03/25/04 04/11/05 03/14/05	03/17/04 03/31/04 03/26/04 04/29/05 06/01/05		

APNDX - A25

.&FORMAT COUNTY HSD L242 4000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 COUNTY HSD  
REPORT ID : HRSR-L242 WORKER REPORT - ALPHABETICAL LISTING OF HRSR CLIENTS - OPEN PROGRAMS  
SEPARATE BY # :  
NAME :

SEQNO: 986 PAGE: 1  
RUNDATE: 10/31/06

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPIS KEY	MOD	EPISODE START	KEY	SPC	SUB	TG	PROGRAM INFORMATION PROVIDER	START DTLTS
AL, DA N100 12-1040	-	-	01/01/61 17- -	P3	91	6	05/01/06					
AN, TA Q057 36-5050	-	-	07/10/75 99- -	S2	86	1	01/01/98	01 02	107 706		01 89 00007 01 0705400000	01/01/98 02/01/98
AS, MA A05 00-2020	143	21	07/10/95 25-08-	M0	31	5	07/23/02	01 02 03 04 05 06 07	111 111 111 111 111 111 111	D F G K L J C	01 01 01 01 01 01 01	
BA, EL B92 00-4120	-	-	01/29/78 86-03-	X0	62	9	01/19/05	02	301		31 0000000000	01/20/05
BA, AL D72 000-4100	397	97	09/07/89 26- -	E0	51	5	01/01/05	01 02 03	111 111 111	D K M	01 01 01	
BA, I68 453-2120	390	70	08/06/92 25- -	D0	94	5	02/16/01	01 02 03	111 111 111	B L C	01 01 01	
BE, Y267 200-3150	033688	392	99 07/22/48 02- -	S0	81	9	09/29/98	03 10 11 12 13 14	507 107 202 107 102 510		31 9 00954 31 89 00060 31 36 0146 31 89 00002 31 0710700000 31 9 00892	03/31/99 08/08/05 07/26/05 01/26/06 01/01/06 02/09/06
BE, RA D076 600-5140	392	04	05/10/85 26-86-	A0	61	5	08/10/99	01 02 03 04 05	111 111 111 111 111	F G B D L	01 01 01 01 01	

APNDX - A26

.&FORMAT COUNTY HSD L610 40000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 COUNTY HSD  
REPORT ID : HSRs-L610 CLIENT UNITS SUMMARY  
SEPARATE BY # : 900103  
NAME : GA AI

SEQNO: 398 PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME	FAMILY ID	EPIS KEY	MOD SPC	UNIT-----	MONTHLY	UNITS-----	YTD									
HSRS ID NBR	PK SPC TG PG STR PG END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
AD [REDACTED], QU [REDACTED] D903- [REDACTED] 51-5030	01 301 06 060713	P3 [REDACTED] 3 9 [REDACTED] 00103	14							1.3	3.5	1.5				6.3
AI [REDACTED], KR [REDACTED] G968- [REDACTED] 40-6020	01 501 64 971222 02 604 64 971222 03 507 64 971222 04 507 64 990519 05 507 64 990501	F25 [REDACTED] 25 9 [REDACTED] 00103 9 [REDACTED] 00103 9 [REDACTED] 00103 0710400000 9 [REDACTED] 00109	14			3.8	1.5									0 5.3 0 0 0
BA [REDACTED], SA [REDACTED] J609- [REDACTED] 23-5130	01 603 61 010108 060712 02 604 61 010108 060712	EPISODE CLOSED 9 [REDACTED] 00103 9 [REDACTED] 00103														0 0
BE [REDACTED], CO [REDACTED] W550- [REDACTED] 5-6150	01 501 64 060314 02 604 64 060314 03 604 64 060101	H3 [REDACTED] 25 9 [REDACTED] 00103 9 [REDACTED] 00103 9 [REDACTED] 00111	14 14 14			2.3 12.7	9.8	31.3	25.2	15.8	9.6	10.6				2.3 115 15.7
BL [REDACTED], JA [REDACTED] B803- [REDACTED] 32-5140	01 301 06 050629 060507 02 604 06 050629 060507	EPISODE CLOSED 9 [REDACTED] 00103 9 [REDACTED] 00103														0 0
BO [REDACTED], MI [REDACTED] G560- [REDACTED] 00-2240	01 501 64 010917 060602 02 604 64 010917 060602 03 110 64 040105 060602 04 604 64 040105 060602 06 203 64 050705 060602	EPISODE CLOSED 9 [REDACTED] 00103 9 [REDACTED] 00103 9 [REDACTED] 00108 9 [REDACTED] 00108 44 [REDACTED] 00001	14 14 14	12.8	1.5	3.6	7.6	1	1.6							0 28.1 0 0 304
BR [REDACTED], BE [REDACTED] X727- [REDACTED] 25-6160	01 603 64 030120 02 604 64 030120 05 603 64 060419 060517	D3 [REDACTED] 35 9 [REDACTED] 00103 9 [REDACTED] 00103 0884601000	14 14		3.8	1.3	5.6	1	4 13	2	2	3				4 31.7 0
CH [REDACTED], MA [REDACTED] L983- [REDACTED] 20-2210	01 301 06 051012	B [REDACTED] 65 9 [REDACTED] 00103	14	2.3	2.5					1	1.5	3.3				10.6
CO [REDACTED], DY [REDACTED] F692- [REDACTED] 63-4250	01 301 06 060713	V3 [REDACTED] 29 9 [REDACTED] 00103	14							1.3	6	1.8				9.1
CO [REDACTED], JA [REDACTED] N174- [REDACTED] 214-5260	01 301 64 061031 02 201 64 061031	C [REDACTED] 68 9 [REDACTED] 00103 9 [REDACTED] 00103														0 0

APNDX - A27

.&FORMAT COUNTY HSD L710 40000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 40000 COUNTY HSD  
REPORT ID : HRSR-L710 COP CLIENT UNITS SUMMARY  
SEPARATE BY # : 9000104  
NAME : WI PE

SEQNO: 101 PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME	HSRS ID NBR	SPC	TG	PG	EPIS KEY STR PG END	SPC PROVIDER	UNIT TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
DE, BE	251 20-4360	03	603	58	060401 060426	9000104	42	0	0	0	2.5	0	0	0	0	0	0	0	0	2.5
MA, JE	U74 220-5560	03	603	58	060731 060801	9000104	42	0	0	0	0	0	0	0.5	4.7	0	0	0	0	5.2
OM, JO	A52 200-5050	10	603	58	060619 060711	9000104	42	0	0	0	0	0	4.6	0	0	0	0	0	0	4.6
SW, BR	K031 25-6250	07	506	01	050201	0740100000	42	31	28	31	30	31	30	31	31	30	0	0	0	273
TH, DO	M079 312-6350	03	603	58	060201 060202	9000104	42	0	2.5	0	0	0	0	0	0	0	0	0	0	2.5
TH, TH	T921 312-5350	03	603	58	060201	9000104	42	0	2.5	0	0	0	0	0	0	0	0	0	0	2.5
WI, AL	D820 045-4020	07	406	01	910101		42	1	1	1	1	1	1	1	1	1	0	0	0	9
WI, ED	D703 52-3020	04	603	58	060201 060209	9000104	42	0	2.8	0	0	0	0	0	0	0	0	0	0	2.8

APNDX - A28

.&FORMAT CO DEV DIS SERV BD L810 30000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 30 CO DEV DIS SERV BD  
REPORT ID : HRSR-L810 WAIVER CLIENT UNITS SUMMARY, BY CLIENT NAME

SEQNO: 1

PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME HRSR ID NBR	FAMILY ID PK SPC TG PG	EPIS KEY STR PG END	MOD SPC PROVIDER	UNIT- TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
AB [REDACTED], DE [REDACTED] Z890 [REDACTED] 51-6260	20 [REDACTED] 95	A															0
	05 104 01 990320		0788400000	42	0	0	0	0	0	0	0	0	0	0	0	0	0
	07 604 01 990320		0788400000	42	4.6	0	1	1.5	4.5	5.2	3.9	2.3	4.7	0	0	0	27.7
	08 706 01 030901		0756600000	42	132	116	137	120	129	124	116	138	115	0	0	0	1126.3
	09 104 01 050101			42	30	28	30	29	30	29	31	31	29	0	0	0	267
	10 503 01 050331		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
AL [REDACTED], KE [REDACTED] Y238 [REDACTED] 6-4040	E0 [REDACTED] 30	A															273
	01 202 01 020912		36 [REDACTED] 001	42	31	28	31	30	31	30	31	31	30	0	0	0	0
	02 103 01 020912		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
	03 604 01 020912		0788400000	42	3	0.5	0.7	0.7	1.2	4.6	1.1	0.5	6.4	0	0	0	18.7
	04 112 01 050103				0	0	0	0	0	0	0	0	0	0	0	0	0
AN [REDACTED], KA [REDACTED] J949 [REDACTED] 6050	M0 [REDACTED] 42	A															281.8
	11 706 01 020101		0788400000	42	20	22.8	36.3	24.8	46.3	55	32.8	26.3	17.5	0	0	0	12.2
	12 604 01 020101		0788400000	42	2.5	0.4	0.4	5	0.9	0.4	0.1	1.2	1.3	0	0	0	431.5
	15 104 01 040101			42	47	44.5	52	45.5	48.5	47	44	57	46	0	0	0	1146.5
	16 108 01 040101		0788400000	42	142	129	123	124	116	114	122	149	128	0	0	0	
AR [REDACTED], BO [REDACTED] S70 [REDACTED] 2-5060	EPISODE CLOSED																324
	02 108 01 051006 060817		0788400000	42	43.8	29.3	50.8	48.8	43.5	50	38.8	19	0	0	0	0	229
	03 104 01 051006 060817		0788400000	42	31	28	31	30	31	30	31	17	0	0	0	0	15.1
	04 104 01 051006 060817		0788400000	42	0	2	2	1	2.5	3.5	2.3	1.8	0	0	0	0	27.8
	05 604 01 051006 060815		0788400000	42	1.2	4.4	4	2.5	8.5	4.6	1.3	1.3	0	0	0	0	140.4
	06 706 01 051006 060817		0788400000	42	22.8	17.3	22.5	19.5	17.5	19	14.8	7	0	0	0	0	0
	07 104 01 051006 060817		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	5
	08 106 01 051005 060817		0788400000	42	0	0	0	0	0	5	0	0	0	0	0	0	0
	09 503 01 060815 060817		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
BA [REDACTED], CH [REDACTED] K1 [REDACTED] 5-3160	U0 [REDACTED] 20	A															273
	01 104 01 050609		0788400000	42	31	28	31	30	31	30	31	31	30	0	0	0	0
	02 202 01 050609		0788400000	42	0	0	0	0	0	0	0	0	0	0	0	0	0
	03 604 01 050609		0788400000	42	2	4.3	1.8	0.5	1.1	12.2	1.8	0.8	6.2	0	0	0	30.7
BE [REDACTED], AN [REDACTED] A5 [REDACTED] 32-5160	W0 [REDACTED] 74	A															0
	01 104 01 050501		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
	02 604 01 050501		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
	03 615 01 050501		0788400000		0	0	0	0	0	0	0	0	0	0	0	0	0
BI [REDACTED], RO [REDACTED] R8 [REDACTED] 630-1120	C0 [REDACTED] 74	A															416.4
	03 706 01 020101		0788300000	42	36.8	49.5	72.3	50	62	35.5	43.5	39.3	27.5	0	0	0	18.8
	04 604 01 020101		0788300000	42	5.4	2.5	0.9	1.6	1.5	1.7	1.1	2.7	1.4	0	0	0	660
	05 108 01 040101		0788300000	42	75.8	70.3	53.3	65.3	69.8	72.5	60.5	99	93.5	0	0	0	

APNDX - A29

.&FORMAT ██████████ HUMAN SERVICES DEPT L910 40000 PRINTS:L FICHE: 9  
REPORTING UNIT: 40 ██████████ HUMAN SERVICES DEPT  
REPORT ID : HSR5-L910 MASTER CLIENT UNITS SUMMARY  
SEPARATE BY # : 9 ██████████ 00003  
NAME : R ██████████ A ██████████

SEQNO: 194 PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME	MT	EPIS	KEY	PK	SPC	TG	PRG	ST	PG	END	SPC PROVIDER	UN TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
AB ██████████, BE ██████████ A G ██████████	12	02			603	58	052206				0752201000	42	0	0	0	0	3.5	0	0	0	0	0	0	0	3.5
AB ██████████, BE ██████████ A X ██████████	049	03			603	58	020906	020906			0752201000	42	0	5	0	0	0	0	0	0	0	0	0	0	5 0 0 0
		04			604	58	020906				0752201000														
		05			104	58	020906				7000000000														
		11			403	58	060106				7000000000														
AI ██████████ ST ██████████ A O ██████████	092	06			104	01	061296				7000000000														0 0 0
		12			706	01	040198				0713901000														
		15			112	01	030199				7000000000														
AL ██████████ EL ██████████ A V ██████████	301	05			604	58	090104				0752201000														0 0
		06			506	58	090104				7000000000														
AL ██████████ ME ██████████ A H ██████████	033	02			603	58	122205	061406			0752201000	42	0	0	3	0	0	0	0	0	0	0	0	0	3 3
		03			603	58	032306	061406			0752201000	42	0	0	3	0	0	0	0	0	0	0	0	0	
AN ██████████, AN ██████████ A V ██████████	023	03			604	58	011002				0752201000	42	0	0	1	0	0	0	0	0	0	0	0	0	1 1.5
		04			104	58	011002				7000000000	42	0	0	1.5	0	0	0	0	0	0	0	0	0	
AN ██████████ EL ██████████ A P ██████████	371	03			603	58	120805	011306			0752201000														0
AN ██████████ GE ██████████ A RO ██████████	385	04			104	58	070103				7000000000	42	102	98	108	91	96	102	94	104	90	0	0	0	0 885 0 0 0 0
		05			108	58	070103				7000000000														
		06			604	58	070103				0752201000														
		12			403	58	080103				7000000000														
		15			112	58	030104				7000000000														
		16			112	58	030404				7000000000														
AN ██████████, GE ██████████ A G ██████████	046	02			603	58	022106	022306			0752201000	42	0	4	0	0	0	0	0	0	0	0	0	0	4
AN ██████████, LO ██████████ A B ██████████	059	03			604	57	050199	091906			0752201000	42	0	0	0	0	0	0	0.5	1	2.2	0	0	0	3.7 6 0
		07			403	57	050199	091906			7000000000	42	1	1	1	1	2	0	0	0	0	0	0	0	
		21			104	57	040401	091906			7000000000														

APNDX - A30

.&FORMAT COUNTY HSD L243 4000 PRINTS:1 FICHE: 0  
 REPORTING UNIT: 40 COUNTY HSD  
 REPORT ID : HSRs-L243 SPC PROVIDER REPORT - ALPHABETICAL LISTING OF HSRs CLIENTS  
 SEPARATE BY # :  
 NAME :

SEQNO: 3311 PAGE: 1  
 RUNDATE: 10/31/06

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	PROGRAM INFORMATION				
							KEY	SPC	TG	STRT DT	END DATE
BA [REDACTED], GE [REDACTED] I1 [REDACTED] 40-6120		395 [REDACTED] 7	04/11/45 26- -	T0 [REDACTED] 53	A	01/01/00	03 05 07	104 615 619	01 01 01	01/01/00 01/01/00 01/01/05	
BA [REDACTED], GE [REDACTED] C626 [REDACTED] 40-6120		396 [REDACTED] 23	04/06/46 28- -	Y2 [REDACTED] 60	1	07/15/97	03 04	706 108	01 01	07/11/00 07/11/00	
BA [REDACTED], PA [REDACTED] Y600 [REDACTED] 60-3120		460 [REDACTED] 05	01/06/58 26-27-07	G0 [REDACTED] 90	A	10/01/99	02	604	01	10/01/99	
BA [REDACTED], DO [REDACTED] R186 [REDACTED] 60-6150		- -	05/21/22 09- -	E2 [REDACTED] 96	1	04/06/00	03	104	58	04/19/00	
BE [REDACTED], EU [REDACTED] X521 [REDACTED] 56-2130		395 [REDACTED] 0	04/05/23 55- -	F0 [REDACTED] 73 K3 [REDACTED] 66	A 1	05/18/06 04/07/04	02 02 04	899 104 402		05/18/06 05/23/06 05/23/06	
BE [REDACTED], FR [REDACTED] X105 [REDACTED] 56-6130		397 [REDACTED] 87	04/01/25 55- -	E0 [REDACTED] 72 P3 [REDACTED] 11	A 1	05/18/06 06/21/04	02 02 04	899 104 402		05/18/06 05/30/06 05/30/06	
BE [REDACTED], MA [REDACTED] E624 [REDACTED] 556-6130		391 [REDACTED] 65	11/26/59 26- -	Y0 [REDACTED] 052	A	05/22/98	10	104	01	06/01/02	
BE [REDACTED], BE [REDACTED] 0976 [REDACTED] 66-3140		056 [REDACTED] 67	05/19/30 18- -	E0 [REDACTED] 428	A	06/23/05	02	898	58	06/23/05	
BE [REDACTED], EL [REDACTED] Y967 [REDACTED] 2-4160		- -	07/29/43 09- -	F27 [REDACTED] 49	1	11/04/98	02 05	104 104	57 58	11/04/98 02/04/99	
BI [REDACTED], WI [REDACTED] R554 [REDACTED] 6-4140		396 [REDACTED] 95	12/15/70 23-26-	Z0 [REDACTED] 819	A	03/01/96	12	706	01	01/01/06	
BL [REDACTED], BE [REDACTED] B621 [REDACTED] 2-5140		441 [REDACTED] 86	04/06/87 25-26-02	H0 [REDACTED] 75	A	04/04/05	02 03 04 05	104 104 706 619	01 01 01 01	04/04/05 04/04/05 04/04/05 04/04/05	

APNDX - A31



.&FORMAT COUNTY HSD  
REPORTING UNIT: 40  
REPORT ID : HSRs-L253  
SEPARATE BY # :  
NAME :

L253 4000 PRINTS:3 FICHE: 0  
COUNTY HSD  
SPC PROVIDER REPORT-ALPHABETICAL LISTING OF HSRs CLIENTS

SEQNO: 170 PAGE: 1  
RUNDATE: 10/31/06

APNDX - A32

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	-----PROGRAM INFORMATION----- KEY SPC TG STRT DT END DATE
AC, KA D255-3020	081760	389-74	02/12/21 55-18-	00-2	A	03/16/06	03 898 03/16/06
AL, JE G805-5040	021668	397-81	01/08/59 09-37-	M0-46	A	05/03/02	10 898 08/31/05
BA, GL Z815-4150	038745	388-88	01/18/43 09-10-	X0-33	A	01/13/06	03 898 01/13/06
BE, BE T185-6140	047484	326-39	03/01/47 09- -	V0-75	A	03/17/06	03 898 03/17/06
BE, HE R819-4160	077896	392-07	11/18/19 55-09-08	W0-84	A	03/16/05	03 898 03/30/05
BE, RO T641-1160	009050	387-96	04/26/24 55-18-08	A0-370	A	11/21/05	05 898 06/13/06
BI, MA N357-6140	055968	538-92	07/13/27 55-18-09	X0-73	A	08/08/00	11 095 58 08/01/06
BO, BR Q431-6140	020888	392-84	04/14/63 09- -	N0-71	A	09/07/06	03 898 09/07/06
BU, TH C062-5160	082634	389-75	07/20/37 55- -	H0-27	A	06/09/06	03 898 07/14/06
BU, JO Z342-5120	081281	390-4	07/03/26 57-55-	G0-64	A	01/26/06	03 898 01/26/06
CA, JO J455-0260	082765	567-31	02/14/41 55-09-	S0-36	A	06/09/06	03 898 06/09/06
CA, TH R208-6260	080807	397-53	08/22/26 55-09-	K0-32	A	12/16/05	03 898 01/12/06
CO, RO T931-4240	079862	399-57	04/19/25 55-09-	Y0-42	A	09/19/05	03 898 10/31/05
CO, DO L495-5240	057826	389-9	03/14/34 55-18-	I0-26	A	01/11/01	03 898 01/06/04

.&FORMAT █████ CO HSD L500 4000 PRINTS:2 FICHE: 0  
 REPORTING UNIT: █████ CO HSD  
 REPORT ID : HSRS L-500 B-3 UNITS REPORT

SEQNO: 1337 PAGE: 1  
 RUNDATE: 31OCT06

CLIENT NAME			CLIENT #	SSN	DOB	SEX	ETH	CLIENT CHAR	RES	COUNTY	SERVICE LOC						
EPISODE			START	END													
PRG	SRV	START	END	PROV ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
AG		N		M671				05/16/03	M	W	28			067		2	
SO		118	01/09/06	05/15/06													0.00
01	17	01/09/06	05/15/06														0.00
02	03	01/02/06	05/15/06														
AI		LU		Z557				07/15/04	F	W	28			067		1	
BO		999	04/27/06														0.00
01	03	04/27/06															0.00
02	17	04/27/06															
AK		AY		R528				09/05/03	F	W	28			067		1	
JO		495	06/14/05	03/14/06													0.00
01	17		03/14/06														0.00
02	03		03/14/06														0.00
03	10	08/17/05	03/14/06														
AL		IM		G821				04/08/03	M	A	28			067		1	
JO		57	10/31/05	04/07/06													0.00
01	17		04/07/06														0.00
02	03		04/07/06														
AL		NA		S660				02/26/04	M	W	28			067		1	
T00		51	10/05/06														0.00
01	17		10/05/06														0.00
02	13		10/05/06														
AM		EL		T331				04/13/03	M	W	28			067		1	
Q00		26	08/26/04	04/12/06													0.00
01	04		04/12/06														0.00
02	17		04/12/06														
AN		ME		Q867				07/28/04	F	W	28			067		1	
U00		52	10/11/06														0.00
01	17		10/11/06														0.00
02	10		10/11/06														
AN		AI		H032				06/30/03	M	W	28			067		1	
K00		96	05/13/05	06/19/06													0.00
01	17		06/19/06														0.00
02	03		06/19/06														

APNDX - A33

.&FORMAT ██████████ CO HUMAN SERVC DEPT L600 40000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 ██████████ CO HUMAN SERVC DEPT  
REPORT ID : HSRs-L600 CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

SEQNO: 850 PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME HSRS ID NBR	EPIS FAM ID	KEY PK	MOD SPC	TG	PRGM START	PRGM END	UNIT TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
CA ████████, JA ████████ U536 ████████-4200	F3 ████████	67	1																	2
		08	205	06	060210	060212	01		2				2							2
		11	205	06	060628	060630	01							1						1
		12	205	06	060713	060714	01													
KA ████████, BE ████████ U480 ████████-0-5250	N3 ████████	19	1									1								1
		06	205	06	060531	060531	01						1							1
		07	205	06	060601	060602	01													
LI ████████, CY ████████ H906 ████████-5450	L3 ████████	27	1								1									1
		16	205	06	060419	060420	01													
LU ████████, LI ████████ 0438 ████████-2-2420	V30 ████████	81	1																	0
		08	205	64	060404	060430														30
		09	205	64	060601	060630	01						30							9
		10	205	64	060701	060710	01							9						
SA ████████, PA ████████ Q678 ████████-3250	Z3 ████████	27	1																	30
		02	205	64	060601	060630	01						30							0
		03	205	64	060701	060705														

PROVIDER TOTALS: SPC-205 UNITTYPE-01

0 2 0 1 1 63 10 0 0 0 0 0

77

CLIENTS SERVED THIS YEAR: 5

CLIENTS CURRENTLY OPEN: 0

APNDX - A34

REPORTING UNIT: 100000 CO DEPT OF SOC SERV  
REPORT ID : HSR L-700 COP CLIENT UNITS SUMMARY  
SEPARATE BY # : 0928600000  
NAME :

SEQNO: 30 PAGE: 9  
RUNDATE: 31OCT06

CLIENT NAME HSRS ID NBR	PK	SPC	TG	PG	STR	PG	END	SPC PROVIDER	UNIT- TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
BA ME A195-4160	10	506	58	060101	RO		45	0928600000	42	31	28	31	30	31	30	31	31	30	0	0	0	273
FA BE N30-3160	07	506	58	060605	BO		65	0928600000	42	0	0	0	0	0	0	31	31	30	0	0	0	92
GR DO G308-6260	10	506	58	050131	KO		14	0928600000	42	31	28	31	30	31	30	31	31	30	0	0	0	273
ME S, VI D988-2560	07	506	58	060101	AO		52	0928600000		0	0	0	0	0	0	0	0	0	0	0	0	0
PA MA V265-6140	09	506	58	060101	VO		47	0928600000	42	31	28	31	30	31	30	31	31	30	0	0	0	273
PU MA F887-6140	07	506	58	041008	KO		60	0928600000	42	31	28	31	30	31	30	31	31	30	0	0	0	273
TR ET V927-3360	09	506	58	060101	060418			0928600000	42	31	28	31	18	0	0	0	0	0	0	0	0	108

APNDX - A35

REPORTING UNIT: 400000 CO HUMAN SERVCES DEPT  
REPORT ID : HSR5-L800 WAIVER CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

PAGE: 6  
RUNDATE: 31OCT06

CLIENT NAME HSRS ID NBR	FAMILY ID PK SPC TG PG	EPIS KEY STR PG END	MOD SPC PROVIDER	UNIT- TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
BR [REDACTED], RO [REDACTED] M444 [REDACTED]-1160	06 112 01 000401 10 619 01 040101 11 112 01 041001	IO [REDACTED] 22	A	42	0 1 0	0 1 0	0 1 0	0 1 0	0 1 0	0 1 0	0 1 0	0 1 0	0 1 0	0 0 0	0 0 0	0 0 0	0 9 0
BR [REDACTED], HE [REDACTED] E783 [REDACTED]-0-6160	02 619 01 050118 04 112 01 050118 08 112 01 050601	Q0 [REDACTED] 94	A	42	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	0 0 0	0 0 0	0 0 0	9 0 0
BR [REDACTED], DO [REDACTED] U02 [REDACTED]-20-2160	25 619 01 040101 31 706 01 050701	B0 [REDACTED] 05	A	42	0 12	0 12	0 12	0 9	0 12	0 13	0 14	0 13	0 15	0 0	0 0	0 0	0 112
BR [REDACTED], ZA [REDACTED] D240 [REDACTED]-50-6160	07 110 01 020402 10 113 01 040101	L0 [REDACTED] 09	A	42	0 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 1
BR [REDACTED], DA [REDACTED] R852 [REDACTED]-52-5160	12 112 01 040601	P0 [REDACTED] 95	A		0	0	0	0	0	0	0	0	0	0	0	0	0
BR [REDACTED], TH [REDACTED] I773 [REDACTED]-50-5160	01 104 01 961029 14 112 01 980101 34 615 01 041201 37 103 01 060120	K0 [REDACTED] 76	A	42 42 42 42	3 0 8 2	2 0 2 3	2 0 1 1	2 12 1 3	3 3 5 4	2 0 3 4	2 0 2 2	3 5 2 0	2 0 1 0	0 0 0 0	0 0 0 0	0 0 0 0	21 20 25 19
CA [REDACTED], SA [REDACTED] L307 [REDACTED]-14-6250	01 899 01 010321	L0 [REDACTED] 93	A		0	0	0	0	0	0	0	0	0	0	0	0	0
CA [REDACTED], AS [REDACTED] D097 [REDACTED]-23-2210	02 203 31 050401 03 503 31 060421 060426 04 103 31 060701 05 110 31 060701	J0 [REDACTED] 47	A	42 42 42	31 0 0	28 0 0	31 0 0	30 0 0	31 0 0	30 0 0	31 0 1	31 0 1	0 0 0	0 0 0	0 0 0	0 0 0	243 0 4 2
CA [REDACTED], MY [REDACTED] J056 [REDACTED]-542-6260	01 899 58 030708	B0 [REDACTED] 49	A		0	0	0	0	0	0	0	0	0	0	0	0	0
CA [REDACTED], D [REDACTED] X642 [REDACTED]-50-5260	01 898 01 051208	E0 [REDACTED] 98	A		0	0	0	0	0	0	0	0	0	0	0	0	0

APNDX - A36

.&FORMAT █████ CO COMM SERVICE BD L900 2000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 20 █████ CO COMM SERVICE BD  
REPORT ID : HSR5-L900 MASTER CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

SEQNO: 1 PAGE: 1  
RUNDATE: 31OCT06

CLIENT NAME	MT	EPIS	KEY	PK	SPC	TG	PRG	ST	PG	END	PROVIDER	UN TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
BA █████, RA █████ V626-████-2160												42	0	0	0	0	0	0	0	0	0	0	0	0	0
A X0 █████ 67	11	095	01	041403																					0
	14	095	01	041403																					0
	17	507	01	110103																					0
	18	507	01	110103																					0
BE █████, D849-████-0-5150																									0
A C0 █████ 34 01 898 01 120804																									
BE █████, RI █████ C681-████-6-2150												42	144	88	136	128	144	160	144	128	128	0	0	0	1200
A R0 █████ 59	01	104	01	070103								42	0	0	0	0	0	0	0	0	0	0	0	0	0
	07	095	01	110103								42	0	0	2	0	0	0	0	1	0	0	0	0	3
	08	112	01	013004																					
BE █████, P644-████-0-4120												42	0	0	0	0	0	0	0	0	0	0	0	0	0
A L0 █████ 77	01	113	57	110804																					0
	04	095	57	010105																					0
BE █████, CL █████ V821-████-20-4130												42	0	120.8	115.3	141	117	129.5	123	150.5	113	0	0	0	1010.1
A R0 █████ 97	01	512	01	092505																					
BI █████, ME █████ K149-████-0-4120												42	0	0	0	0	0	0	0	0	0	0	0	0	0
A X0 █████ 57	04	095	01	112398								42	31	28	31	30	31	30	31	31	30	0	0	0	273
	08	104	01	010101																					
BL █████, C0 █████ V682-████-52-4140												42	107.8	0	0	0	0	0	0	0	0	0	0	0	107.8
A Z0 █████ 15	02	512	01	012004	012306							42	43.1	0	0	0	171	179	178	182	182	0	0	0	935.1
	03	512	31	012306																					
BO █████, G █████ E100-████-00-6160																									0
A C0 █████ 16 07 095 01 010198																									
BO █████, BR █████ 0731-████-30-6160												42	0	0	48	0	0	0	0	0	0	0	0	0	48
A U0 █████ 00	03	103	01	070198	100106							42	58	146	158	0	634	111	0	0	0	0	0	0	1107
	09	104	01	070105	100106																				0
	10	619	01	010105	100106																				0
	11	095	01	040106	100106																				0
BR █████, DE █████ V177-████-5-1160												42	0	0	0	0	86.8	30	30	29	25.2	0	0	0	201
A E0 █████ 98	04	104	31	010196								42	0	0	0	0	177	43	24	28	27	0	0	0	299
	05	107	31	010196																					0
	06	095	31	010198																					0
	07	103	31	070198																					0
	11	104	31	040104																					0
	12	402	31	120105								42	0	0	0	0	107	0	0	0	0	0	0	0	107

APNDX - A37

REPORTING UNIT: 40 COUNTY HSD  
REPORT ID : HSR5-L102 CLIENTS WITH DIAGNOSIS DEFERRED OR MISSING  
SEPARATE BY # : 9 0404  
NAME : JU K

SEQNO: 9 PAGE: 9  
RUNDATE: 10/31/06

CLIENT NAME	CLIENT HSRS ID	LOCAL TEXT	EPISODE KEY	MOD TYPE	DIAGNOSIS
BA, JO	Q549- -6160		F0-986	5	
BE, BR	J665- -6120		K0-87	5	
BO, JAN	I831- -5140		R0-12	5	
BR, CH	O269- -4160		S0-753	5	
CH, TA	S671- -4250		Z0-88	5	
ER, DA	I760- -5100		K0-527	5	
FE, RI	B700-9- -2150		R0-98	5	
KR, SH	B115- -6260		X0-48	5	
NA, AN	U166- -5520		Y0-135	5	
NY, KR	D406- -6500		B-596	5	
OL, CL	R540- -2-4040		Y0-759	5	
SV, MI	Q283- -3-2210		L0-88	5	

YOU HAVE 12 CASES WITH A DEFERRED OR MISSING DIAGNOSIS

REPORTING UNIT: 40 [REDACTED] COUNTY HSD  
 REPORT ID : HRSR-L220  
 SEPARATE BY # : 94 [REDACTED] 0403  
 NAME : [REDACTED] E [REDACTED]

40 [REDACTED] 00

SEQNO: 80 PAGE NO: 2  
 RUNDATE: 10/31/06

REVIEW OR REPORTS DUE BY 12/31/06 BASED ON NEXT CASE REVIEW DATE

CLIENT NAME	CLIENT HSRS ID	BIRTH DATE	EPISODE KEY	MOD TYPE	REVIEW OR REPORT DUE	REPORT OVERDUE
AN [REDACTED], MA [REDACTED]	U619-[REDACTED]-6050	11/16/23	M2 [REDACTED] 40	1	05/10/06	<===
BR [REDACTED], WI [REDACTED]	0580-[REDACTED]-4160	03/05/60	U0 [REDACTED] 24	A	12/02/06	
CA [REDACTED], GE [REDACTED]	S269-[REDACTED]-6260	12/22/70	I0 [REDACTED] 88	A	08/12/06	<===
CH [REDACTED], MA [REDACTED]	X867-[REDACTED]-6260	07/28/14	S3 [REDACTED] 96	1	08/01/06	<===
CH [REDACTED], MA [REDACTED]	X867-[REDACTED]-6260	07/28/14	U0 [REDACTED] 36	A	12/12/06	
DE [REDACTED], NI [REDACTED]	F077-5 [REDACTED]-2320	07/30/85	N2 [REDACTED] 49	1	09/10/06	<===
FI [REDACTED], RE [REDACTED]	C238-[REDACTED]-5120	09/12/55	U2 [REDACTED] 36	1	11/04/06	
HI [REDACTED], DO [REDACTED]	H155-[REDACTED]-6050	02/11/09	Z2 [REDACTED] 21	1	12/18/06	
HO [REDACTED], RO [REDACTED]	Y848-[REDACTED]-2040	09/28/38	I2 [REDACTED] 58	1	07/28/05	<===
KE [REDACTED], MA [REDACTED]	Q829-7 [REDACTED]-1240	11/28/07	N3 [REDACTED] 69	1	09/15/05	<===
KY [REDACTED], JE [REDACTED]	P686-5 [REDACTED]-5260	05/26/35	H3 [REDACTED] 21	1	10/12/06	<===
LA [REDACTED], MA [REDACTED]	U024-3 [REDACTED]-4460	11/20/33	C0 [REDACTED] 54	A	03/19/06	<===
PE [REDACTED], AL [REDACTED]	Q223-[REDACTED]-4160	09/02/42	Z2 [REDACTED] 423	1	08/09/06	<===
PI [REDACTED], NA [REDACTED]	N886-7 [REDACTED]-2120	05/28/37	M2 [REDACTED] 74	1	08/10/06	<===
PO [REDACTED], CH [REDACTED]	E703-[REDACTED]-6130	08/27/65	S0 [REDACTED] 98	A	12/30/06	
SN [REDACTED], AL [REDACTED]	V449-[REDACTED]-4250	12/04/93	Y0 [REDACTED] 204	A	08/24/06	<===
SO [REDACTED], T [REDACTED]	U013-[REDACTED]-6250	08/30/82	T0 [REDACTED] 81	1	09/25/06	<===
ST [REDACTED], DA [REDACTED]	V352-[REDACTED]-1230	07/13/20	U3 [REDACTED] 38	1	12/30/06	
TH [REDACTED], A [REDACTED]	W964-[REDACTED]-4340	12/29/11	K3 [REDACTED] 64	1	12/20/06	
WA [REDACTED], HE [REDACTED]	V855-[REDACTED]-3030	02/18/73	C0 [REDACTED] 208	A	09/10/06	<===
WE [REDACTED], CO [REDACTED]	G466-[REDACTED]-6020	05/04/34	Y3 [REDACTED] 34	1	08/12/06	<===
WE [REDACTED], K [REDACTED]	D901-[REDACTED]-3020	03/29/65	D0 [REDACTED] 09	A	11/05/06	

YOU HAVE 22 REPORTS DUE  
 14 OF THEM ARE OVERDUE



.&FORMAT DO █████ HUMAN SERVICES DEPT L330 40000 PRINTS:1 FICHE: 0  
 REPORTING UNIT: 40 █████ HUMAN SERVICES DEPT  
 REPORT ID : HSR5-L330 REVIEW OR REPORTS DUE BY 12/31 BASED ON NEXT SPC REVIEW DATE  
 SEPARATE BY # : 940 0202  
 NAME :

SEQNO: 18 PAGE NO: 1  
 RUNDATE: 10/31/06

CLIENT NAME	HSRS ID NBR	BIRTH DATE	MOD TYPE	EPISODE KEY	PRG KEY	SPC	DUE	OVERDUE
BR █████, MA █████	X548 █████-3160	09/25/18	1	F2 █████65	03	104	01/04	<===
JO █████, BO █████	H855 █████-5250	02/18/50	1	Z3 █████89	02	400	04/06	<===
JO █████, ED █████	0927 █████-3250	06/29/34	1	Z0 █████37	12	300	03/06	<===
KA █████, ES █████	Z765 █████-2250	02/27/13	1	K3 █████50	02	604	08/06	<===
KE █████, TA █████	H607 █████-5210	06/06/67	1	A3 █████64	02	604	01/04	<===
KH █████, HE █████	H581 █████-5240	05/25/33	1	K3 █████04	03	604	08/04	<===
LA █████, AL █████	W733 █████-4450	09/17/22	1	L3 █████19	02	604	11/03	<===
OL █████, AL █████	I614 █████-4040	11/16/23	1	Y2 █████40	02	104	09/04	<===
PE █████, D █████	A107 █████-4130	06/01/25	1	H █████451	02	104	03/06	<===

YOU HAVE 9 REPORTS DUE  
 9 OF THEM ARE OVERDUE

APNDX - A40

.&FORMAT ██████████ CO HSD  
REPORTING UNIT: 40 ██████████  
REPORT ID: HRSR L303(PW0087AJ)

L303 40 00 PRINTS:1 FICHE: 0  
██████████ CO HSD  
REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06

UNDUPLICATED CLIENTS WITH PROGRAMS  
TABLE #1

		COUNT	UNDUPCLT	PERCENT
TOTAL CLIENTS		2298		100
*-----*				
SEX				
FEMALE		980		43
MALE		1318		57
*-----*				
RACE				
ASIAN		45		2
BLACK		43		2
PISL		1		0
A.IND		23		1
WHITE		2186		95
*-----*				
HISP IND				
Y		20		1
N		2278		99
*-----*				
AGE				
UNDER 6		148		6
6 THRU 13		71		3
14 THRU 17		217		9
18 THRU 24		402		17
25 THRU 35		456		20
36 THRU 59		797		35
60 AND OVER		207		9

\*\*\* END OF L303 REPORT TABLE #1 \*\*\*

APNDX - A41

REPORTING UNIT: 40  
 REPORT ID: HSRs-L303(PW0087AJ)

4000 CO HSD  
 REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
 PAGE: 2

CLIENTS WITH PROGRAMS  
 ONE COUNT FOR EACH CLIENT

TABLE #2

	TOTAL	SEX		RACE				HISP ORIG		UNDER 6	6 THRU 13	AGE						60 AND OVER
		FMALF	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES			NO	14 THRU 17	18 THRU 24	25 THRU 35	36 THRU 59		
TOT CLTS -	13273	6478	6795	119	557	9	44	12544	723	12550	1165	1338	1331	1402	1847	4383	1807	
-----																		
ZIPCODE																		
-----																		
40003	1		1					1		1					1		1	
40008	1	1						1		1					1			
50005	1		1					1		1								
50001	1	1						1		1				1				
-----																		
53002	1	1			1					1		1						
53006	94	42	52	2	1			91		94		4	4	7	29	38	12	
53006	2		2					2	1	1					1	7	1	
53007	12	5	7					12		12				1	3		1	
53007	3		3					3		3			1	1	1			
-----																		
53008	26	12	14					26	1	25		1			9	14	2	
53002	1		1		1			1		1			1					
53009	78	26	52				1	77		78		3	5	14	24	16	16	
53008	1		1					1		1					1		1	
53009	1	1						1		1								
-----																		
53006	13	9	4					13		13		1		2	6	4		
53006	5	3	2					5		5			1		2	2		
53001	133	50	83					133	1	132		3	4	13	29	70	14	
53006	4	2	2					4		4						4		
53008	15	8	7					15	1	14		2	1	1	1	9	1	
-----																		
53004	3	1	2					3		3					1	1	1	
53006	133	61	72				1	132	3	130		4	9	12	33	53	22	
53009	7	4	3					7		7					1	4	2	
53002	96	36	60		2			94	3	93		2	7	8	23	47	9	
53004	1		1					1		1						1		
-----																		
53000	1		1					1		1					1			
53002	1		1					1		1		1						
53006	1		1					1		1						1		
53008	1	1						1		1							1	

APNDX - A42

REPORTING UNIT: 400  
 REPORT ID: HSR5-L303(PW0087AJ)

40000 CO HSD  
 REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
 PAGE: 2

CLIENTS WITH PROGRAMS  
 ONE COUNT FOR EACH CLIENT FOR EACH DISTINCT CLIENT CHARACTERISTIC  
 ALL THREE CLIENT CHARACTERISTIC FIELDS ARE USED IN CATEGORIZING CLIENTS  
 CLIENT TOTALS ARE UNDUPLICATED

TABLE #3

TOTAL	SEX		RACE					HISP ORIG		UNDER 6	AGE					60 AND OVER
	FMALE	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO		6 THRU 13	14 THRU 17	18 THRU 24	25 THRU 35	36 THRU 59	
2298	980	1318	45	43	1	23	2186	20	2278	148	71	217	402	456	797	207

CLT CHAR

MI (EXCLD	521	255	266	8	10		6	497	5	516		10	25	109	141	198	38
SPMI	447	215	232	1	4		6	442	6	441		4	12	32	63	260	76
ALCOHAL AB	360	124	236	8	7		6	339	3	357		4	38	77	66	159	16
DRUG ABUSE	236	92	144	7	10		4	215		236	1	3	62	88	42	40	
BLIND/VISU	28	12	16					28		28	1		1	2	5	14	5
HEARING IM	14	11	3	2				12		14		1	2	2		9	2
PHYS DIS/M	129	79	50	4	1		1	123	1	128	10	6	6	6	8	44	49
CHRONIC AL	34	5	29					34		34		2	2	1	4	22	3
AODA	324	108	216	8	9	1	9	297	3	321		4	38	95	91	92	4
IDP	237	62	175	5	4		1	227	2	235			2	32	97	102	4
ALZHEIMERS	24	12	12					24		24				1	2	7	14
DD-BRAIN T	18	8	10	3				15		18	1	2		3	4	5	3
DD-CEREBRA	48	22	26	2				46		48		4	4	8	11	17	4
DD-AUTISM	56	12	44	2	1			53	3	53	12	21	3	2	8	10	
DD-MENTAL	332	159	173	8			1	323	3	329	3	7	14	41	63	158	46
DD-EPILEPS	42	22	20					42		42	3	1		5	9	19	5
DD-OTHER O	145	61	84	3			1	141		145	77	3	3	7	24	26	5
BLIND/DEAF	3	2	1					3		3					1	1	1
CORR/CRIM	95	14	81	1	4		3	87	2	93			1	28	39	27	
DD-BI 21 O	8	6	2					8	1	7					3	5	
DD-BI AFTE	6	1	5					6		6					1	5	
OTHER HAND	16	8	8		3			13		16			1	2	2	7	4
FRAIL MEDI	21	10	11	1				20		21	1	2		2	2	7	7
CRIM JUST	13	6	7					13		13				3	6	4	
FRAIL ELDE	41	31	10					41		41					1	1	39
ABUSED/NEG	1	1						1		1							1

APNDX - A43

REPORTING UNIT: 4000  
 REPORT ID: HSR5-L303(PW0087AJ)

4000 CO HSD  
 REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
 PAGE: 2

CLIENTS WITH PROGRAMS  
 ONE COUNT FOR EACH CLIENT FOR EACH DISTINCT TARGET GROUP  
 CLIENT TOTALS ARE UNDUPLICATED

TABLE #7

	TOTAL	SEX		RACE					HISP ORIG		UNDER 6	6 THRU 13	AGE					60 AND OVER
		FMALF	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO			14 THRU 17	18 THRU 24	25 THRU 35	36 THRU 59		
TOT CLTS -	2298	1076	1472	45	43	1	23	2186	20	2278	148	71	217	402	456	797	207	
-----																		
TARGET GROUP																		
-----																		
DEVLPMNTLY	413	189	224	9			2	402	5	408	13	31	15	41	93	173	47	
ALCOHOL/OT	954	334	620	22	32	1	16	883	8	946	16	26	178	243	205	265	21	
MENTAL HEA	949	443	506	12	16		5	916	9	940	1	17	41	144	206	443	97	
PHYS & SEN	28	16	12		1			27	1	27		1	1	2	3	10	11	
-----																		
ADULTS & E	44	29	15					44		44					1	7	36	
CHILDREN &	119	38	81	1				118	2	117	119							
OTH	41	27	14	5			1	35		41				2	3	15	21	

\*\*\* END OF L303 REPORT TABLE #7 \*\*\*

APNDX - A44

REPORTING UNIT: 4000  
 REPORT ID: HSR5 L303(PW0087AJ)

4000 CO HSD  
 REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
 PAGE: 2

PROGRAM COUNTS BY SPC/CLUSTER, TARGET GROUP AND, LENGTH OF SERVICE.  
 EACH PROGRAM DELIVERED IS GIVEN A COUNT  
 TABLE #9

SPC/CLUSTER	TARGET GROUP	NO DATES ENTERED	LESS THAN 1 MTH	1 TO 4 MTHS	4 TO 7 MTHS	7 TO 10 MTHS	10 TO 13 MTHS	13 TO 19 MTHS	19 TO 24 MTHS	24 OR MORE MTHS	TOTAL
=====											
COST SHARE/REFUND	DEVLPMNTLY DISABLD**				1	1		1	3	12	18
	MENTAL HEALTH*									2	2
	PHYS & SEN DISABLD*					1				3	4
	ADULTS & ELDERLY*		1		1	2		1		9	14
	TOTAL		1		2	4		2	3	26	38
-----											
896.4	DEVLPMNTLY DISABLD**								2	13	15
	TOTAL								2	13	15
-----											
REGISTER-INSTITUTIONAL RES	OTH							2	1	3	6
	TOTAL							2	1	3	6
-----											
REGISTER-NO PUBLIC FUNDING	OTH							5	1	18	24
	TOTAL							5	1	18	24
-----											
REGISTER-SOME PUBLIC FUNDS	OTH						1	1		9	11
	TOTAL						1	1		9	11
-----											
TOTAL FOR	DEVLPMNTLY DISABLD**				1	1		1	5	25	33
	MENTAL HEALTH*									2	2
	PHYS & SEN DISABLD*					1				3	4
	ADULTS & ELDERLY*		1		1	2		1		9	14
	OTH						1	8	2	30	41
	TOTAL		1		2	4	1	10	7	69	94
=====											
CHILD DAY CARE	ALCOHOL/OTH DRUG*							5	9		14
	TOTAL							5	9		14
-----											
CHILD DAY CARE CLUSTER	MENTAL HEALTH*								1		1
	TOTAL								1		1

APNDX - A45

REPORTING UNIT: 40  
REPORT ID:

HSRS L303(PW0087AJ)

4000

CO HSD

REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
PAGE: 2

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP  
EACH PROGRAM DELIVERED IS COUNTED  
A CLIENT IS COUNTED IN EA SPC/CLUSTER-TARGET GROUP IN WHICH SERVICE WAS RECEIVED

TABLE #10

TARGET GROUP	SPC/CLUSTER	# OF PROGRAMS	# OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
=====						
DEVLPMNTLY DISABLD**	COST SHARE/REFUNDS (LTS)	18	18			
	ADULT DAY CARE (LTS)	11	11			888.0
	RESPIRE CARE (LTS)	89	84			25370
	SUPPORT HOME CARE (LTS)	56	55			11175
	SPEC TRAN & ESCORT(LTS)	150	136			65980
	WORK RELATED SERV (LTS)	166	163			83423
	DAILY LIVING SKILL(LTS)	45	45			5126.6
	FAMILY SUPPORT	4	2			
	INTERPRETER & ADAP(LTS)	41	32			2070.0
	CONSUMER EDUCATN/TRNG(LTS)	2	2			
	ADULT FAMILY HOME (LTS)	115	108	28492	263.81	
	FOSTER HOME (LTS)	7	5	1312	262.40	
	PROTECT PAY/GUARD (LTS)	1	1			8.3
	COMM BASED RES FAC(LTS)	23	23	5466	237.65	
	COUN/THER RESOURCE(LTS)	28	28			1240.3
		512 21	21			20168
	CASE MANAGEMENT (LTS)	308	305			4948.3
	CONSUMER DIRECTD SUPP(LTS)	1	1			
	SUPPORTED EMPLOYMENT	124	124			
	SUPPORTED EMPLOYMENT (WAV)	56	56			5220.4
		619 26	26			4364.5
	DAY CENTER SERV-NONMED(WA)	126	126			47430
		896 15	15			
	TOTAL	1433	413	35270	85.40	
=====						
ALCOHOL/OTH DRUG*	CHILD DAY CARE	14	9			
	SUPPORTIVE HOME CARE	10	9			
	SPECIALIZED TRANS & ESCORT	3	3			
	WORK RELATED SERVICES	4	4			
	DAILY LIVING SKILLS TRAINING	2	2			
	RESTITUTION	2	2			
	JUVENILE CORRECTIONAL INST	1	1			
	PROTECT PAYMT/GUARDIANSHIP	3	3			
	INPATIENT	32	31			
	COMM BASED RES FACILITY	44	40			
	COUNSELING/THERA RESOURCES	544	488			

APNDX - A46

REPORTING UNIT: 40  
REPORT ID:

HSRS L303(PW0087AJ)

40000

CO HSD

REPORTING PERIOD 01/01/06 - 10/31/06

RUNDATE: 10/31/06  
PAGE: 5

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP  
EACH PROGRAM DELIVERED IS COUNTED

A CLIENT IS COUNTED IN EACH SPC/CLUSTER-TARGET GROUP IN WHICH SERVICE WAS RECEIVED

TABLE #11

SPC/CLUSTER	TARGET GROUP	# OF PROGRAMS	# OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
DAILY LIVING SKILLS TRAINING	ALCOHOL/OTH DRUG*	2	2			
	MENTAL HEALTH*	22	21			
TOTAL		24	23			
DAILY LIVING SKILL(LTS)	DEVLPMNTLY DISABLD**	45	45			5126.6
	MENTAL HEALTH*	3	3			
TOTAL		48	48			5126.6
FAMILY SUPPORT	DEVLPMNTLY DISABLD**	4	2			
TOTAL		4	2			
INTERPRETER & ADAPT EQUIP	MENTAL HEALTH*	1	1			
TOTAL		1	1			
INTERPRETER & ADAP(LTS)	DEVLPMNTLY DISABLD**	41	32			2070.0
	MENTAL HEALTH*	5	5			66.0
	PHYS & SEN DISABLD*	18	12			139.0
	ADULTS & ELDERLY*	13	10			60.0
TOTAL		77	59			2335.0
CONSUMER EDUCATN/TRNG(LTS)	DEVLPMNTLY DISABLD**	2	2			
TOTAL		2	2			
CONGREGATE MEALS (LTS)	PHYS & SEN DISABLD*	2	2			203.0
	ADULTS & ELDERLY*	1	1			180.0
TOTAL		3	3			383.0
HOME DELIVERED MEALS (WAV)	MENTAL HEALTH*	1	1			192.0
	PHYS & SEN DISABLD*	3	3			244.0
	ADULTS & ELDERLY*	5	5			442.0
TOTAL		9	9			878.0
PROTECT PAYMT/GUARDIANSHIP	ALCOHOL/OTH DRUG*	3	3			
	MENTAL HEALTH*	36	36			
TOTAL		39	39			

APNDX - A47



REPORTING UNIT: 40 HUMAN SERVICES DEPT SEQNO: 4 PAGE: 1  
 REPORT ID : HRSR-L103 SUMMARY OF CLIENTS RECEIVING SERVICE FOR THE MONTH OF OCTOBER 2006 RUNDATE: 10/31/06

-- AGE BY PURCHASED/PROVIDED --

TARGET GROUP AND SPC	( 0 - 17 ) PURCH	PROV	( 18 - 64 ) PURCH	PROV	( 65 AND OVER ) PURCH	PROV	TOTAL
-------------------------	---------------------	------	----------------------	------	--------------------------	------	-------

MENTAL HEALTH							
095	0	0	3	0	0	0	3
RESPITE CARE	0	0	6	0	0	0	6
SUPP HOME CR	0	0	11	0	5	0	16
TRANS/ESCORT	0	0	7	0	2	0	9
WORK RELATED	0	0	26	0	0	0	26
111	8	0	0	0	0	0	8
INTER SERV	0	0	13	0	5	0	18
ADLT FAM HOME	0	0	2	0	0	0	2
COURT STUDIES	0	0	15	0	3	0	18
RECREATION	0	0	4	0	2	0	6
PRTCTV PAYMENT	0	0	1	0	2	0	3
INPATIENT	0	0	3	0	0	0	3
COMM-BSED TRTMT	0	0	19	0	5	0	24
COUNSELING	0	0	99	0	1	0	100
COMM SUPPORT	0	0	116	0	9	0	125
590	0	0	1	0	0	0	1
INTAKE ASSES	0	0	13	0	1	0	14
CASE MANAGMNT	0	0	41	0	11	0	52
SUPPORTED EMPL	0	0	17	0	0	0	17
619	0	0	1	0	0	0	1
CENTER SERVICES	0	0	1	0	0	0	1
898	2	0	7	0	2	0	11
899	0	0	3	0	0	0	3
IMD - INSTITUTI	0	0	1	0	0	0	1
--TOTAL-----	10	0	410	0	48	0	468

PHY/SENS DISABLE							
095	0	0	7	0	4	0	11
ADULT DAY CARE	0	0	0	0	2	0	2
RESPITE CARE	3	0	7	0	3	0	13
SUPP HOME CR	1	0	98	0	32	0	131
HSING/ENERGY	0	0	1	0	0	0	1
TRANS/ESCORT	0	0	50	0	14	0	64
WORK RELATED	0	0	1	0	0	0	1
111	1	0	0	0	0	0	1
INTER SERV	3	0	159	0	48	0	210
113	1	0	0	0	0	0	1
ADLT FAM HOME	0	0	1	0	1	0	2
CONGREG MEAL	0	0	2	0	2	0	4
HOMEDEL MEAL	0	0	27	0	14	0	41
RECREATION	1	0	18	0	5	0	24
PRTCTV PAYMENT	0	0	0	0	1	0	1
INPATIENT	0	0	3	0	1	0	4
COMM-BSED TRTMT	0	0	5	0	0	0	5
COUNSELING	0	0	9	0	0	0	9
INTAKE ASSES	0	0	12	0	1	0	13
CASE MANAGMNT	7	0	183	1	53	1	245

APNDX - A48

4000

REPORTING UNIT: 4000 CO HSD  
 REPORT ID : HRSR-L104 SPCS OPEN OR ACTIVE FOR THE CALENDAR MONTH OF OCTOBER 2006  
 BY CLIENT TARGET GROUP, AGE GROUP AND PURCHASED/PROVIDED

SEQNO: 135 PAGE: 4  
 RUNDATE: 10/31/06

SPC AND TARGET GROUP	( 0 - 17 ) PURCH	PROV	( 18 - 64 ) PURCH	PROV	( 65 AND OVER ) PURCH	PROV	TOTAL
DCTR/NURHOME DEVELOP DISABLE	0	0	3	0	0	0	3
--TOTAL-----	0	0	3	0	0	0	3
COMM-BSED TRTMT DEVELOP DISABLE	0	0	16	0	0	0	16
AODA	0	0	1	0	0	0	1
MENTAL HEALTH	0	0	4	0	4	0	8
PHY/SENS DISABLE	0	0	3	0	3	0	6
ADULTS & ELDERLY	0	0	0	0	14	0	14
--TOTAL-----	0	0	24	0	21	0	45
COUNSELING DEVELOP DISABLE	17	0	34	1	0	0	52
AODA	2	14	47	105	1	2	171
MENTAL HEALTH	301	0	951	0	55	0	1307
PHY/SENS DISABLE	0	0	14	0	2	0	16
--TOTAL-----	320	14	1046	106	58	2	1546
COMM SUPPORT MENTAL HEALTH	0	0	200	0	22	0	222
--TOTAL-----	0	0	200	0	22	0	222
512 DEVELOP DISABLE	10	0	0	0	0	0	10
MENTAL HEALTH	2	0	0	0	0	0	2
--TOTAL-----	12	0	0	0	0	0	12
INTAKE ASSES DEVELOP DISABLE	1	2	0	1	0	0	4
AODA	1	0	38	3	1	0	43
MENTAL HEALTH	1	0	0	0	0	0	1
CHLD ABS NEGLECT	0	9	0	1	0	0	10
--TOTAL-----	3	11	38	5	1	0	58

APNDX - A49

REPORTING UNIT: 2000  
 REPORT ID : HSR5-L400 MONTHLY SERVICE SUMMARY

PAGE: 3  
 REPORT PERIOD: SEP 2006

SPC PROVIDER	SPC	TG	UNIT TYPE	ACTIVE CLIENTS	ADMIS- SIONS	DIS- CHARGES	UNITS OF SERVICE	---YEAR-TO-DATE--- CLIENTS	UNITS OF SERVICE
WINNEBAGO MENTAL HEALTH INST	GEMINI	925	01	1	0	0	0.00	1	0.00
EXTENDED	CENTRAL WI	505	01	9	0	0	270.00	10	2298.00
CENTRAL WISCONSIN CENTER	EVALUATIO	505	01	0	0	0	0.00	1	0.00
CENTRAL WISCONSIN CENTER	PHYSICAL A	505	01	1	0	0	0.00	1	212.00
SOUTHERN WISC CENTER FOR DD	EXTENDED	505	01	24	0	0	715.00	28	7019.00
MAPLERIDGE	MELODY KRA	107	01	3	0	0	0.00	3	0.00
		706	01	1	0	0	0.00	1	0.00
KENOSHA ACHIEVEMENT CENTER		108	01	216	0	0	0.00	216	0.00
		108	31	1	0	0	0.00	1	0.00
		108	57	28	0	0	0.00	28	0.00
		205	01	1	0	0	0.00	1	0.00
		508	01	6	0	0	0.00	6	0.00
		508	26	9	0	0	0.00	9	0.00
		600	01	11	0	0	0.00	11	0.00
		615	01	30	0	0	0.00	30	0.00
		615	26	9	0	0	0.00	9	0.00
		615	57	2	0	0	0.00	2	0.00
		705	01	2	0	0	0.00	2	0.00

APNDX - A50

ANNRPT05 CY2005 FREQUENCIES SPC CODES  
CALENDAR YEAR 2005 CLIENTS SERVED  
DEMOGRAPHICS AND SERVICES PROVIDED

12:51 Tuesday, October 3, 2006 85

ONLY 18 YR OLDS INCL IN 18-21 COLUMN- CAN & DELQ/STAT OFF-PWRK82=ANNRPT05

AGENCY: COUNTY HSD

PROGRAM LIBRARY MEMBER PWRK82 -ANNRPT05 REPORT 2005

TARGET GROUP	AGE								RACE						SEX		TOTAL
	0-5	6-11	12-17	18-21	22-44	45-59	60-74	75+	HISP	ASN	BLK	PAC	A-IN	WHT	FEMALE	MALE	
DEVELOP DISABLE	387	75	85	60	305	158	60	14	36	21	8	2	16	1061	469	675	1144
DELNQT STAT OFF	0	80	1042	206	0	0	0	0	54	87	99	0	92	996	389	939	1328
AODA	11	6	92	224	1557	397	44	6	84	14	27	0	30	2182	576	1761	2337
MENTAL HEALTH	4	90	283	243	1184	603	149	64	59	74	76	5	78	2328	1224	1396	2620
PHY/SENS DISABLE	3	9	9	3	44	79	46	7	3	11	2	0	1	183	101	99	200
ADULTS/ELDERLY	0	0	0	3	40	59	221	822	9	32	0	0	12	1092	794	351	1145
CHLD ABS NEGLECT	863	963	914	53	0	0	0	0	119	177	212	3	143	2139	1426	1367	2793
CHILDREN/FAMILY	16	65	89	72	261	30	1	1	70	26	44	4	17	374	419	116	535
FAM MBR/DSO	0	0	0	284	17	1	0	0	15	22	7	0	25	233	101	201	302
FAM MBR/CAN	0	0	0	18	2	0	0	0	0	2	0	0	1	17	10	10	20
OTHER	18	9	12	87	1788	348	17	4	86	103	96	1	100	1897	1395	888	2283

TARGET GROUP	SPC 100	SPC 104	SPC 107	SPC 200	SPC 300	SPC 400	SPC 500	SPC 600	SPC 615	SPC 700	SPC 800	SPC 900	SPC 925	TOTAL
DEVELOP DISABLE	0	46	126	1	712	82	0	668	117	181	85	92	0	1144
DELNQT STAT OFF	0	0	0	48	321	1118	0	0	0	174	940	28	0	1328
AODA	0	108	2	0	133	1940	0	0	0	199	510	94	0	2337
MENTAL HEALTH	0	3	0	2	274	6	142	17	80	282	2394	402	9	2620
PHY/SENS DISABLE	0	39	24	1	86	125	0	7	3	13	10	22	0	200
ADULTS/ELDERLY	0	210	59	14	506	857	0	0	2	101	42	107	0	1145
CHLD ABS NEGLECT	0	0	0	1	61	2692	0	1	0	8	218	1	0	2793
CHILDREN/FAMILY	0	0	0	93	507	128	0	0	0	2	30	0	0	535
FAM MBR/DSO	0	0	0	7	55	171	0	1	0	27	146	8	0	302
FAM MBR/CAN	0	0	0	0	4	16	0	0	0	0	0	0	0	20
OTHER	0	0	0	3	282	2065	0	0	0	10	349	0	0	2283

APNDX - A51

HSRS CLIENTS BY TARGET GROUP  
1999-2005

15:44 Thursday, September 21, 2006 93

AGENCY: [REDACTED] CO HSD

	1999	2000	2001	2002	2003	2004	2005
DEVEL DISABLED	572	505	560	591	332	444	434
DELINQ/STATUS	300	233	282	299	206	342	220
AODA	2158	1769	1984	1996	1359	2428	1574
MENTAL HEALTH	1184	1149	1557	1790	1241	1708	1442
PHYS/SENSORY DIS	567	456	588	619	247	386	298
ADULTS + ELDERLY	693	635	865	880	2209	5145	3305
ABUS/NEGL CHILD	424	271	538	652	145	253	183
CHILDREN + FAMLY	284	226	279	305	966	2294	1608
FAMILY/DD	.	.	.	.	.	.	.
FAMILY/DSO	.	.	2	1	8	10	.
FAMILY/AODA	.	.	.	.	.	.	.
FAMILY/MH	.	.	.	.	.	.	.
FAMILY/PSD	.	.	.	.	.	.	.
FAMILY/A+E	.	.	.	.	.	.	.
FAMILY/CAN	2	1	5	4	4	5	.
OTHER	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>29</u>	<u>22</u>
UNDUP. CLIENTS	5759	4698	5951	6230	4891	9401	6528

REPORTING UNIT: 2000 CO COMPREHENSIVE BOARD  
REPORT ID : HRS-32T UNITS REPORT L/D  
SEPARATE BY # : 0651600000  
NAME :

PAGE: 5  
REPORT MONTH: OCT06

CLIENT NAME	CLIENT NBR	MOD TYPE	SUB SPC PGM	TG	SPC STRT DATE	SPC PROVIDER	EPISODE KEY	PGM KEY	DAYS	OTHER UNITS	SPC END DATE	DEL MM/YY	END RSN
BU, CO	K426-4160	9	506	31	09/11/06	0651600000	C045	10				10/06	
CA, BA	L685-6230	9	506	31	01/14/03	0651600000	B086	08				10/06	
C, RO	F931-1240	9	506	31	10/13/00	0651600000	V064	07				10/06	
CO, DA	K902-5240	9	506	31	12/17/87	0651600000	F058	03				10/06	
DR, EL	X445-4360	9	506	31	04/14/06	0651600000	T026	05				10/06	
DR, CH	F544-6360	9	506	31	09/23/87	0651600000	A053	02				10/06	
EV, FL	T455-4010	9	506	31	09/03/97	0651600000	P070	02				10/06	
HO, DO	I081-5050	9	506	31	01/01/91	0651600000	E057	01				10/06	
JA, LA	X649-6250	9	506	31	04/19/96	0651600000	W015	02				10/06	
JA, SU	I387-5250	9	506	31	02/06/02	0651600000	Q0579	04				10/06	
JE, PA	E712-3250	9	506	31	01/19/90	0651600000	A0595	01				10/06	
JE, LO	Q381-0250	9	506	31	10/13/03	0651600000	Z026	03				10/06	
KI, BE	Q488-3260	9	506	31	07/07/05	0651600000	I0427	06				10/06	
LA, AD	J185-3450	9	506	31	08/02/00	0651600000	H0634	06				10/06	
LA, JO	L740-1460	9	506	31	09/01/95	0651600000	B0434	03				10/06	
MA, TH	F382-6520	9	506	31	07/17/01	0651600000	Z070	10				10/06	
NE, JO	S450-5520	1	506	01	01/01/97	0651600000	M064	15				10/06	

APNDX - A53

REPORTING UNIT: 40 COUNTY HSD  
 REPORT ID : HSR 32-WV HSR 32-WV UNITS REPORT - WAIVER CLIENTS  
 SEPARATE BY # : I  
 NAME : I L130

PAGE: 5  
 REPORT MONTH: OCT06

CLIENT NAME	HSRS ID NBR	EPISODE KEY	PRG KEY	SPC	SUB PRG	TG	FND SRC	PROGRAM START DT	PROGRAM END DATE	UNITS	COSTS	SPC PROVIDER
BU, JE	K922-6120	D033	03	112	99	01	CA	02/16/05	-----	_____	_____	
			04	604		01	CA	02/16/05	-----	_____	_____	911220
			05	103	99	01	CA	02/16/05	-----	_____	_____	
			06	112	56	01	CA	02/16/05	-----	_____	_____	
HA, AN	V136-5020	K096	02	103	99	01	FS	01/01/06	-----	_____	_____	
			03	113		01	FS	01/01/06	-----	_____	_____	
			04	507	03	01	FS	01/01/06	-----	_____	_____	
			05	112	99	01	FS	01/01/06	-----	_____	_____	
			07	604		01	FS	01/01/06	-----	_____	_____	911220
JE, ER	D562-6260	C092	03	604	03	01	CA	05/01/06	-----	_____	_____	0769700000
			04	103	22	01	CA	05/01/06	-----	_____	_____	
			05	112	99	01	CA	05/01/06	-----	_____	_____	
LA, AM	U945-5460	I068	02	103	99	01	CA	01/01/06	-----	_____	_____	
			04	604		01	CA	05/01/06	-----	_____	_____	911220
LI, AI	W128-6-5420	N055	05	604		01	CA	02/01/04	-----	_____	_____	911220
			06	103	99	01	CA	02/01/04	-----	_____	_____	
			07	112	99	01	CA	02/01/04	-----	_____	_____	
			09	507	03	01	CA	07/01/04	-----	_____	_____	
			10	112	55	01	CA	04/27/05	-----	_____	_____	
			13	104	20	01	CA	02/01/06	-----	_____	_____	

APNDX - A54

.&FORMAT ██████████ CO HUMAN SERVCS DEPT L300 40 ██████████ PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 ██████████ CO HUMAN SERVCS DEPT  
REPORT ID : L-300 2006 HRSR LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE REPORT  
SEPARATE BY #: 1  
NAME : CIP 1A

PAGE: 1  
DATE OF RUN: 10/31/06

[++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++]

CLIENT NAME	PROG	SPC	SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EPISODE KEY	NUM		PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
BR ██████████, RO ██████████			HOSP/INST	DAYS	0												
I ██████████ 2	2	604		107.92	1,716	43	130	65	356	32	22	227	140	701	0	0	0
	3	706	10	98.30	15,236	1,982	1,585	2,159	1,784	1,685	1,862	1,784	1,268	1,127	0	0	0
	6	112	99			0	0	0	0	0	0	0	0	0	0	0	0
	9	202	01	147.61	40,297	4,576	4,133	4,576	4,428	4,576	4,428	4,576	4,576	4,428	0	0	0
	10	619		17.00	153	17	17	17	17	17	17	17	17	17	0	0	0
	11	112	55			0	0	0	0	0	0	0	0	0	0	0	0
	14	103	99	162.27	1,785	0	0	0	0	0	0	0	0	1,785	0	0	0
WK # 76 ██████████ 008			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	0	0	0
MA # 47180 ██████████			TOTAL BILLED =	\$59,187		DAYS OF SERVICE =	273		PER DIEM =	216.80	EPD START DT =	051287		EPD END DT =			
DOB=12/ ██████████			SLOT NBR =	40 ██████████ 0		SLOT START DT =	870429		SLOT END DT =		LTS TYPE ST =	051287		LTS TYPE END =			
-----																	
BR ██████████, HE ██████████			HOSP/INST	DAYS	0												
Q ██████████ 4	2	619		17.00	153	17	17	17	17	17	17	17	17	17	0	0	0
	3	202	02	271.67	74,166	8,436	7,557	8,436	8,143	8,436	8,143	8,436	8,436	8,143	0	0	0
	4	112	99			0	0	0	0	0	0	0	0	0	0	0	0
	7	604		108.13	811	303	22	151	173	22	22	32	54	32	0	0	0
	8	112	55			0	0	0	0	0	0	0	0	0	0	0	0
WK # 76 ██████████ 000			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	0	0	0
MA # 389 ██████████			TOTAL BILLED =	\$75,130		DAYS OF SERVICE =	273		PER DIEM =	275.20	EPD START DT =	010405		EPD END DT =			
DOB=10/ ██████████			SLOT NBR =	40 ██████████ 6		SLOT START DT =	050118		SLOT END DT =		LTS TYPE ST =	011805		LTS TYPE END =			
-----																	
BR ██████████, DO ██████████			HOSP/INST	DAYS	0												
B0 ██████████ 305	25	619				0	0	0	0	0	0	0	0	0	0	0	0
	26	104	20	42.52	1,216	215	140	54	97	183	97	75	290	65	0	0	0
	27	108		57.67	692	0	0	692	0	0	0	0	0	0	0	0	0
	28	202	02	192.08	52,438	5,969	5,328	5,969	5,755	5,969	5,755	5,969	5,969	5,755	0	0	0
	30	604		108.02	2,841	357	607	334	108	345	183	108	475	324	0	0	0
	31	706	10	61.47	6,885	725	675	692	544	725	791	889	856	988	0	0	0
WK # 9 ██████████ 075			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	0	0	0
MA # 390 ██████████			TOTAL BILLED =	\$64,072		DAYS OF SERVICE =	273		PER DIEM =	234.70	EPD START DT =	100195		EPD END DT =			
DOB=11/ ██████████			SLOT NBR =	40 ██████████ 0		SLOT START DT =	011117		SLOT END DT =		LTS TYPE ST =	111701		LTS TYPE END =			
-----																	
CO ██████████, ST ██████████			HOSP/INST	DAYS	0												
J ██████████	8	619		17.00	153	17	17	17	17	17	17	17	17	17	0	0	0
	9	604		107.95	2,839	325	32	162	291	572	615	119	54	669	0	0	0
	10	202	02	353.69	96,557	10,979	9,852	10,979	10,603	10,979	10,603	10,979	10,979	10,604	0	0	0
	11	108		10.00	4,520	720	0	600	550	400	570	630	480	570	0	0	0
WK # 76 ██████████ 008			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	0	0	0
MA # 390 ██████████			TOTAL BILLED =	\$104069		DAYS OF SERVICE =	273		PER DIEM =	381.21	EPD START DT =	032205		EPD END DT =			
DOB=09/ ██████████			SLOT NBR =	40 ██████████ 1		SLOT START DT =	051012		SLOT END DT =		LTS TYPE ST =	101205		LTS TYPE END =			
-----																	
DA ██████████, TI ██████████			HOSP/INST	DAYS	0												
Y ██████████	2	103	99	110.76	3,766	443	221	443	443	443	443	443	222	665	0	0	0
	3	604		108.15	995	87	390	11	334	32	11	108	11	11	0	0	0
	4	706	10	99.10	16,748	2,081	1,784	2,180	1,784	1,585	1,685	1,685	2,279	1,685	0	0	0
	5	112	99			0	0	0	0	0	0	0	0	0	0	0	0
	6	202	01	187.65	51,228	5,692	5,692	5,692	5,680	5,680	5,680	5,704	5,704	5,704	0	0	0
	7	619		17.00	153	17	17	17	17	17	17	17	17	17	0	0	0
WK # 76 ██████████ 8			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	0	0	0
MA # 398 ██████████			TOTAL BILLED =	\$72,890		DAYS OF SERVICE =	273		PER DIEM =	267.00	EPD START DT =	040187		EPD END DT =			

APNDX - A55



REPORTING UNIT: 40  
REPORT ID : L-320  
SEPARATE BY # : 1  
NAME : CIP 1A

40 COUNTY HSD  
2006 HSRS LONG TERM SUPPORT SERVICE SUMMARY -

PAGE: 5  
LESS COP ASSESSMENT/PLAN DATE OF RUN: 10/31/06

++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++

CLIENT NAME	PROG	SPC	SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EPISODE KEY	NUM	PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
WK # 9	169	35	104	20	0	0	0	0	0	0	0	0	0	0	0	0	0
MA # 39	36	706	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DOB=10/	11	112	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLOT NBR =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
TOTAL BILLED =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
PER DIEM =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD START DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE ST =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD END DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE END =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
KL	DE	1	604	79.00	2,252	47	545	24	0	411	537	32	656	0	0	0	0
I	2	5	202	01	48.96	11,898	1,324	1,538	1,313	1,335	1,316	1,333	2,408	0	0	0	0
8	112	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31	31
WK # 9	72	11	619	16.50	231	33	33	31	30	31	31	31	31	31	31	31	31
MA # 39	36	706	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DOB=10/	11	112	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLOT NBR =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
TOTAL BILLED =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
PER DIEM =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD START DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE ST =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD END DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE END =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
KO	JO	1	604	79.00	5,720	1,201	1,114	1,319	498	964	324	300	0	4	30	31	31
XO	95	2	619	16.50	66	33	33	0	0	0	0	0	0	0	0	0	0
3	112	55	6.20	56	21	35	0	0	0	0	0	0	0	0	0	0	0
4	202	01	491.39	117441	12,756	13,282	12,962	13,282	14,663	17,487	17,487	15,523	0	0	0	0	0
5	112	55	1.00	122	61	61	0	0	0	0	0	0	0	0	0	0	0
9	112	99	37.33	112	0	0	112	0	0	0	0	0	0	0	0	0	0
10	112	55	8.70	20	0	0	0	0	0	20	0	0	0	0	0	0	0
11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WK # 9	74	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0
MA # 38	36	706	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DOB=04/	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLOT NBR =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DAYS OF SERVICE	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BILLED =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DAYS OF SERVICE	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PER DIEM =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EPD START DT =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LTS TYPE ST =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EPD END DT =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LTS TYPE END =	11	112	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KR	AN	1	706	10	14.14	8,187	42	721	933	764	1,400	1,697	1,570	1,061	0	0	0
UO	78	2	619	16.50	198	0	0	33	33	33	33	33	33	33	0	0	0
3	604	79.00	6,312	4,353	277	119	253	506	24	221	561	0	0	0	0	0	0
4	202	236.20	51,964	1,882	7,155	7,155	7,155	7,155	7,155	7,155	7,155	7,155	7,155	7,155	0	0	0
WK # 9	67	11	619	16.50	198	0	0	33	33	33	33	33	33	33	0	0	0
MA # 39	36	706	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DOB=10/	11	112	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLOT NBR =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
TOTAL BILLED =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
PER DIEM =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD START DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE ST =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD END DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE END =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
KR	GA	3	604	11.53	1,446	190	166	261	63	63	371	182	150	0	0	0	0
UO	78	4	619	16.50	264	33	33	33	33	33	33	33	33	0	0	0	0
5	202	02	188.14	45,719	5,052	5,367	5,204	5,454	5,239	5,419	6,992	6,992	6,992	0	0	0	0
6	706	10	11.46	4,131	441	478	516	467	516	550	458	705	0	0	0	0	0
WK # 9	55	11	619	16.50	264	33	33	33	33	33	33	33	33	0	0	0	0
MA # 39	36	706	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DOB=11/	11	112	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLOT NBR =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
TOTAL BILLED =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
DAYS OF SERVICE	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
PER DIEM =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD START DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE ST =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
EPD END DT =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
LTS TYPE END =	11	619	16.50	231	33	33	31	30	31	30	31	31	31	31	31	31	31
KU	EL	1	604	79.00	1,406	126	134	277	119	103	561	63	24	0	0	0	0
Q	8	7	706	10	26.76	26,533	3,211	2,890	3,626	3,211	3,318	3,532	3,051	3,693	0	0	0
9	619	16.50	264	33	33	33	33	33	33	33	33	33	33	0	0	0	0
10	506	61	126.73	30,795	3,480	3,626	3,486	3,524	3,508	3,529	4,821	4,821	4,821	0	0	0	0

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.&FORMAT COUNTY HSD L399 40 PRINTS:1 FICHE: 0  
 REPORTING UNIT: 40 COUNTY HSD  
 REPORT ID : L-399 2006 HSRS LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE BY SPC  
 SEPARATE BY # : 1  
 NAME : CIP 1A

PAGE: 1  
 DATE OF RUN: 10/31/06

++ COST AND SERVICE DATA BY FUND SOURCE ++

SPC	SUB	CLIENT	TOTAL	AVE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PROG	COUNT	COSTS	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
104	10	1	37,442	37442	5,489	4,913	5,447	0	5,447	5,269	5,431	5,447	0	0	0	0
104	12	2	78,796	39398	8,648	7,812	8,649	8,369	8,688	8,369	8,648	8,868	10,745	0	0	0
104	20	2	290	\$145	12	36	12	20	50	50	20	50	40	0	0	0
107	30	1	130	\$130	15	0	0	0	0	15	0	100	0	0	0	0
107	40	1	162	\$162	24	20	0	0	65	20	33	0	0	0	0	0
108		2	9,388	\$4694	1,175	1,160	1,411	1,009	1,106	1,283	828	1,172	244	0	0	0
112	46	1	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
112	55	3	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
112	56	3	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
112	99	1	2,292	\$2292	0	170	550	0	42	0	0	1,530	0	0	0	0
202	02	4	242,773	60693	27,582	24,849	27,582	26,671	27,582	26,671	27,583	27,582	26,670	0	0	0
503		7	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
507	04	1	554	\$554	0	0	90	62	70	70	108	82	73	0	0	0
604		7	11,961	\$1709	1,602	1,434	1,193	1,448	1,181	1,361	1,560	1,534	650	0	0	0
706		2	34,450	17225	3,455	3,620	4,271	3,257	3,944	3,822	3,844	4,400	3,836	0	0	0
706	10	1	10,062	10062	799	967	1,623	1,303	1,263	1,387	1,522	1,198	0	0	0	0
SUM	COST CIP 1A		\$428,299		48,802	44,980	50,827	42,138	49,438	48,318	49,576	51,962	42,258	0	0	0
SVC	DAYS CIP 1A		1,881		217	196	217	210	217	210	217	217	180	0	0	0

.&FORMAT  
 TABLE 1-HSRS COUNTY SLOT REPORT FOR  
 SORTED BY SLOT NUMBER  
 REPORT ID: HSRS-A002 (PW0087TJ)

2000 CO COMPREHENSIVE BOARD  
 2006

22:51 Tuesday, October 31, 2006 61

(continued)

LTS SLOT #	CLIENT NAME	HSRS CLIENT #	MODULE KEY	LTS SLOT TYPE	SLOT CREATION DATE	OCCUPANT START DATE	OCCUPANT END DATE
200001	RE, JO	H620	H0501	CIP1B-LOC M	01/01/96	08/05/04	
200002	BA, RU	S760	P0551	CIP1B-LOC M	10/20/95	10/20/95	
200003	PH, JE	T140	Z0581	CIP 1B	01/01/90	01/01/90	
200004	SO, SC	T260	D0567	BRAIN INJURY	11/08/95	11/08/95	
200005	KE, MI	T340	X0587	CIP 1B	09/04/90	09/04/90	
200006	VA, LY	T350	Q0558	CIP1B-LOC M	01/02/96	01/02/96	
200007	LA, JA	00550	T0541	CIP 1B	12/01/92	01/01/04	
200008	KI, GE	R450	V0541	CIP 1B	01/01/89	08/05/02	
200009	CR, CY	T561	R0545	CIP 1B	01/18/93	01/18/93	
200010	PI, AA	S2330	K0502	CIP 1B	11/07/94	08/05/99	
200011	WA, BE	T720	G0594	CIP 1B	04/01/90	04/01/90	
200012	MU, MA	U29520	V0567	CIP1B-LOC M	10/10/95	10/10/95	
200013	B, MA	U4850	Q0522	CIP 1A	01/08/93	01/08/93	
200014	ST, DO	L6630	S0584	CIP1B-LOC M	11/01/96	01/20/04	
200015	WH, JE	I9830	C0532	CIP 1B	08/24/92	05/08/97	
200016	EN, DA	V3550	W0598	CIP1B-LOC M	12/01/96	12/01/96	
200017	MA, TH	V8640	Y0502	CIP 1A	08/01/93	07/21/99	
200018	MA, MA	W0330	P0579	CIP1B-LOC M	01/01/89	01/01/89	
200019	PR, RI	M3260	N0585	CIP1B-LOC M	10/01/95	08/29/04	
200020	KA, JA	W3250	W0580	CIP1B-LOC M	06/30/95	06/30/95	
200021	GO, JA	W3340	S0502	CIP 1B	09/01/95	09/01/95	
200022	BA, SH	W4960	J0527	CIP 1A	03/28/94	03/28/94	
200023	MO, LE	E2160	D0513	CIP 1B	03/28/94	01/01/04	
200024	SC, DA	W6350	H0533	CIP 1B	07/01/88	07/01/88	
200025	TE, PH	W7650	L0519	CIP1B-LOC M	11/01/95	11/01/95	
200026	LA, TH	W8860	Y0588	CIP1B-LOC M	06/01/94	06/01/94	
200027	JA, MA	X1260	M0514	CIP1B-LOC M	01/01/96	01/01/96	
200028	SA, DE	Z4150	J0585	CIP1B-LOC M	01/01/96	03/04/03	
200029	PA, KE	X9740	A0524	CIP 1A	02/01/91	03/29/01	
200030	RA, CH	Y3320	R0561	CIP 1A	06/20/89	06/20/89	
200031	CR, DA	Y5260	V0525	CIP1B-LOC M	01/01/96	01/01/96	
200032	AL, AN	Y6540	B0561	CIP 1B	04/01/93	04/01/93	
200033	KR, CH	X7760	K0500	CIP 1B	01/26/94	01/01/04	
200034	SA, MI	N5540	G0574	CIP1B-LOC M	01/01/97	09/01/98	
200035	BU, RE	M8540	H0507	CIP1B-LOC M	03/20/97	11/01/04	
200036	SH, SH	Q2540	G0500	CIP1B-LOC M	05/01/97	04/18/03	
200037	BA, SE	O8540	M0520	CIP1B-LOC M	02/19/97	06/24/03	
200038	ST, CY	H5530	Z0597	CIP1B-LOC M	03/01/97	04/01/06	
200039	CO, PA	J7540	J0599	CIP1B-LOC M	01/01/97	07/21/04	
200040	RU, I	O4510	Z0525	CIP1B-LOC M	01/01/97	07/05/03	
200041	PE, JE	Q6550	T0539	CIP1B-LOC M	06/01/97	06/19/06	
200042	GU, DI	H2550	Q0532	CIP1B-LOC M	05/09/97	05/09/97	
200043	JO, PA	Z3550	K0584	CIP1B-LOC M	04/23/97	04/23/97	
200044	HA, DA	V6520	H0517	CIP1B-LOC M	05/01/97	10/25/06	
200045	AN, LE	J4550	G0534	CIP1B-LOC M	07/01/97	07/01/97	
200046	JO, TA	Z3550	N0587	CIP1B-LOC M	06/12/97	06/12/97	
200047	BU, PA	I7520	U0552	CIP 1B	10/17/97	10/17/97	
200048	BE, TH	V1540	Z0567	CIP 1A	10/13/97	01/01/04	
200049	BO, AN	K1560	A0546	CIP1B-LOC M	09/15/97	08/05/03	

APNDX - A58

.&FORMAT █████ CO COMPREHENSIVE BOARD A010 203000 PRINTS:1 FICHE: 0  
REPORTING UNIT: 20 █████ CO COMPREHENSIVE BOAR  
REPORT ID: HSRs-A010 (PW0081LJ) LISTING BY AGENCY FOR CIPIA ' FINAL ENHANCED SLOTS'  
SLOT CREATION DATE ' FROM 7-1-2003 TO PRESENT'

PAGE: 0001  
RUNDATE: 31OCT06  
REPORT YEAR: 2006

CLIENT NAME	SLOT NO.	SLOT CREATION DATE	VARIANCE RATE	TOTAL COST	TOTAL DAYS	HSRS EPISODE CODE
BA █████ JO █████	259	08/24/06	0.00	\$10,511.70	38	S0144906
CA █████ Y, MI █████	257	06/19/06	0.00	\$20,754.15	104	A0143380
CH █████ I, MA █████	235	04/26/04	0.00	\$69,846.52	273	T0121455
FI █████, DA █████	256	05/31/06	0.00	\$36,553.70	123	P0141835
KO █████, LI █████	236	05/03/04	0.00	\$41,357.34	273	E0121622
MI █████, RI █████	250	08/29/05	0.00	\$76,747.71	273	K0131846
TH █████, MI █████	237	04/26/04	0.00	\$120,294.26	273	R0121479
WO █████, ED █████	247	07/08/05	0.00	\$84,840.96	273	E0122714
				----- \$460,906.34	----- 1,630	

\*\*\*\*\*  
\*\*\*\*\*THIS IS THE LAST PAGE FOR A010, REPORT 'ONE ' - TOTAL OF 1 PAGES \*  
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APNDX - A59

REPORTING UNIT 4000  
REPORT ID : A008

## LTS WAIVER MANDATE REPORT FOR 2006

CLIENT NAME	HSRS CLIENT ID	EPISODE KEY	EPISODE START DATE	L O C	CR LV ARR	MA WV ELIG IND	CL CHAR	TOTAL COP COST	COUNT	TOTAL MA COST		
AL RO	S0511	1040	U01	90	11/01/04	5	30	A	MI	\$1,825	1	\$0
AL A	L6884	5040	A00	24	09/22/99	5	30	A	MI	\$946	1	\$0
AM DO	H6813	45050	F01	35	11/13/03	5	61	A	MI	\$23,538	1	\$0
BA DA	P3543	01160	R01	47	08/06/04	5	30	A	MI	\$950	1	\$0
BE JA	T6231	05120	V01	77	01/03/05	5	30	A	MI	\$1,509	1	\$0
BL WI	K8801	54140	X00	53	04/13/93	5	61	A	MI	\$938	1	\$0
BO MA	L1286	06160	W01	86	02/01/98	5	30	A	MI	\$992	1	\$0
BR EL	E3597	03160	X01	87	02/12/99	5	30	A	MI	\$3,328	1	\$0
BR C	Y2645	04160	I01	62	10/01/03	5	61	A	MI	\$33,716	1	\$0
CA L	K1492	04560	U00	80	07/01/97	5	30	A	MI	\$6,011	1	\$0
CL DA	B6763	54250	J01	31	04/06/04	5	30	A	MI	\$2,649	1	\$0
CO DO	F0312	02230	L00	29	02/01/99	1	30	A	MI	\$1,781	1	\$0
CO DE	L6090	25240	K00	28	05/07/98	5	30	A	MI	\$857	1	\$0
CO DE	E8881	51240	B00	85	08/01/96	5	30	A	MI	\$987	1	\$0
CO JA	R7823	65260	L00	21	01/08/98	5	30	A	MI	\$1,081	1	\$0
CR KI	L7387	05260	O00	90	05/01/99	5	30	A	MI	\$275	1	\$0
DO MA	A9479	06350	Q00	04	10/23/97	5	37	A	MI	\$449	1	\$0
DU AR	I6469	06350	B00	25	10/01/99	5	30	A	MI	\$1,294	1	\$0
ER MA	B5333	256060	E01	20	08/11/03	5	30	A	MI	\$1,083	1	\$0
ES R, BR	T0977	060620	W00	74	01/24/97	5	61	A	MI	\$1,475	1	\$0
FA NI	H4820	02120	D00	27	09/21/99	5	61	A	MI	\$834	1	\$0
FE DO	F1337	02120	P01	33	09/08/03	5	30	A	MI	\$1,710	1	\$0
FL YW	U2177	31140	L00	59	09/01/97	5	30	A	MI	\$563	1	\$0
GI KE	H2637	65240	G01	02	03/19/04	5	27	A	MI	\$468	1	\$0
GR JA	L4500	25260	B00	63	12/27/95	5	30	A	MI	\$1,644	1	\$0
GR DE	N0240	55260	I00	26	02/01/99	5	38	A	MI	\$393	1	\$0
GR DO	F5622	35260	C00	02	05/27/99	5	67	A	MI	\$2,746	1	\$0
HA WI	U7240	254050	D00	91	01/01/95	5	30	A	MI	\$3,081	1	\$0
HE BE	Z1900	205040	T00	77	12/18/03	5	61	A	MI	\$17,709	1	\$0
HE RO	J7730	465010	J01	77	02/19/98	5	61	A	MI	\$18,460	1	\$0
JA EU	J3270	256250	K00	34	10/01/99	5	30	A	MI	\$2,472	1	\$0
JO JE	G7420	251250	X00	77	11/19/87	5	30	A	MI	\$3,109	1	\$0
KA HE	J0720	006230	L00	25	05/01/99	5	30	A	MI	\$1,537	1	\$0
KE NA	T5970	602240	S00	70	05/21/04	5	30	A	MI	\$238	1	\$0
KI RY	X1140	425230	C00	50	09/01/97	5	30	A	MI	\$1,130	1	\$0
KU DA	S7640	364250	O00	24	09/27/90	2	67	A	MI	\$127	1	\$0
LA BO	M2420	005420	U00	74	03/06/91	5	30	A	MI	\$1,488	1	\$0
LA MA	Q1790	236460	I00	10	02/01/98	5	30	A	MI	\$1,631	1	\$0
LE SY	E2480	454030	T00	93	03/03/99	5	30	A	MI	\$850	1	\$0
LU DA	C7710	004430	C00	32	07/06/04	5	30	A	MI	\$773	1	\$0
MA JO	W3150	551520	N00	71	01/01/88	5	61	A	MI	\$29,870	1	\$0
MC MA	V2280	556520	T00	91	12/07/87	5	61	A	MI	\$1,015	1	\$0
MC TH	U1520	65520	C00	40	06/22/87	5	37	A	MI	\$400	1	\$0
MC LE	P1200	05520	I00	18	05/01/86	5	65	A	MI	\$17,180	1	\$0
ME DA	H2970	06530	D00	63	05/31/94	5	30	A	MI	\$2,143	1	\$0
ME AL	X9830	04520	A00	16	02/17/86	5	61	A	MI	\$32,852	1	\$0
ME SH	D2060	06560	T00	39	10/03/90	5	30	A	MI	\$6,053	1	\$0

APNDX - A60

L016 50 PRINTS:1 FICHE: 0

COUNTY CODE :  
REPORT ID : HRSR-L0162006 HRSR COP EXPENDITURE RPT/STATE RATIO-GPR =  
FEDERAL RATE0.4245  
0.5755PAGE: 1  
DATE OF RUN: 10/31/06

CLIENT NAME	EPISODE KEY	SSN/MA	BIRTH YEAR	CLT CHAR	C L	ASSESS. DATE	PLAN DATE	EPD END DATE	CL RE	COP COST	COP CIP 1B/BIW MATCH COST	COP CHILD WAIVER MATCH COST	ASS. COST	PLAN COST	WV **
BE PA	H00	35 391	050	1994	.DD. M	05/29/97	06/20/97				396				
BL N, AN	F00	33 397	130	1974	.MI. 1	05/20/97	06/23/97			2082					3
CO , NO	B00	33 396	570	1934	PHDI 2	10/01/01	10/01/01								
DE CU	Q00	4 388	590	1929	PHDI 2	01/02/96	01/09/96								
DO JO	Q00	52 391	900	1948	.DD. M	08/06/97	07/01/99			275	6514				3
DO RU	V00	51 397	790	1934	PHDI 2	06/01/01	06/01/01			186					
DO TI	O01	62 328	690	1952	.DD. 0	01/29/04	02/01/04				8842				
EL MI	G01	00 391	220	1941	.MI. 1	10/11/04	11/01/04			724					3
GO WI	B00	69 356	570	1938	ELDE 1	07/17/01	08/01/01								
GR , IN	R00	21 396	599	1913	ELDE 2	10/25/00	10/31/00								
HI IR	K00	72 388	860	1926	PHDI 2	04/12/99	04/26/99								
LE , DA	M00	76 355	350	1975	.DD. 0	11/03/97	11/03/97				18749				
ME , WI	Q01	64 391	840	1931	ELDE 2	06/27/05	07/01/05			140					3
ME , DA	A00	80 392	790	1985	.DD. M	05/16/96	06/25/96				7329				
ME , HO	A01	18 397	230	2000	.DD. M	02/10/03	02/10/03			360	8364				
ME , LO	X01	17 397	490	1924	ELDE 2	06/23/03	07/01/03								
MI , GE	E01	66 388	710	1981	PHDI P	*03/08/06	*04/01/06			2285	10930		143	184	
NI , JE	P00	53 398	180	1982	.DD. 0	04/17/95	04/17/95			107	18951				
RE EM	E01	58 399	960	1934	ELDE 2	09/14/04	10/04/04			8					3
RE JO	O00	50 387	340	1965	PHDI 2	07/28/97	08/01/02								
SI AN	E00	10 399	010	1975	.DD. 0	04/19/96	08/01/96								
SK , AL	D00	49 388	460	1987	.DD. M	10/13/95	02/21/96								
SM MI	K00	62 397	830	1931	ELDE 2	06/20/00	08/08/00			375					3
SU , AM	X01	51 394	460	1924	ELDE 2	07/30/04	08/01/04			1103					3
TH , DI	H01	69 396	490	1938	ELDE 2	*04/17/06	*05/01/06						143	184	
TO BE	R01	65 388	310	1939	ELDE 2	08/18/05	08/22/05			999					3
TO AL	Z01	89 387	680	1927	ELDE 1	08/01/02	08/01/02								

\* INDICATES A DATE WITHIN THE REPORT PERIOD.

\*\* INDICATES BOTH COP AND WAIVER PARTICIPANT.

APNDX - A61

.&FORMAT ██████████ COUNTY HSD  
 COUNTY CODE : 0  
 REPORT ID : HRSR-L04A (PW0085WM)

L04A 40 00 PRINTS:1 FICHE: 0  
 L04A 40 00  
 LRS-COP SIGNIFICANT PROPORTION REPORT

DATE OF RUN: 10/31/06  
 REPORT PERIOD: 01/01/06 - 12/31/06

CLTCHAR	COP	COPW	CIP1B	CSLA	TOTAL	RATIO
*-----*						
NOT ADJUSTED						
*-----*						
.MI.	1	0	0	0	1	4.3%
PHDI	0	2	0	0	2	8.7%
.DD.	0	0	4	0	4	17.4%
ELDE	3	13	0	0	16	69.6%
*-----*						
ELDERLY ADJUSTED						
*-----*						
.MI.	1	0	0	0	1	4.3%
PHDI	0	2	0	0	2	8.7%
.DD.	0	0	3	0	3	13.0%
ELDE	3	13	1	0	17	73.9%
*-----*						
TOTAL	4	15	4	0	23	100.0%

\*\* TABLE INCLUDES ONLY CASES WITH REPORTED COSTS

\*\*\* END OF REPORT L04A (PW0085WM)

APNDX - A62



.&FORMAT COUNTY HSD  
REPORTING UNIT: 40 COUNTY HSD  
REPORT ID : HRSR-A006 (PW0082HJ)

A006 4000 PRINTS:1 FICHE: 0

OPEN, ELIGIBLE LTS APPLICANTS ON 09/30/2006

PAGE: 1  
RUN DATE: 10/31/06

CLIENT NAME	EPISODE#	AGE	LIVNG ARRNGMNT	EPISODE ST	PGM ST DT
-------------	----------	-----	----------------	------------	-----------

CLIENT CHARACTERISTIC1 - MENT ILL SPC 898

JO [REDACTED] BR [REDACTED]	NO [REDACTED] 07	70
KO [REDACTED] LE [REDACTED]	TO [REDACTED]	64

OWN HOME/APT	11/16/04
OWN HOME/APT	11/06/02

11/16/04
11/06/02

TOTAL MENT ILL SPC 898 CLIENTS - 2

TOTAL ALL MENT ILL CLIENTS - 2

CLIENT CHARACTERISTIC1 - DEVP DIS SPC 898

BE [REDACTED], CH [REDACTED]	YO [REDACTED] 52	23
BR [REDACTED], VI [REDACTED]	IO [REDACTED] 30	45
ED [REDACTED] LE [REDACTED]	SO [REDACTED] 42	24
HA [REDACTED] WI [REDACTED]	GO [REDACTED] 84	24
HO [REDACTED] DA [REDACTED]	VO [REDACTED] 23	18
KA [REDACTED] CH [REDACTED]	UO [REDACTED] 78	49
KO [REDACTED], AN [REDACTED]	LO [REDACTED] 15	23
LU [REDACTED] JE [REDACTED]	QO [REDACTED] 30	32
MI [REDACTED], KE [REDACTED]	BO [REDACTED] 51	21
RO [REDACTED] LT [REDACTED]	WO [REDACTED] 44	22
ST [REDACTED] G, ST [REDACTED]	JO [REDACTED] 69	23
SY [REDACTED] JO [REDACTED]	HO [REDACTED] 11	23

OTH LIV ARR	06/01/02
OWN HOME/APT	04/22/03
OWN HOME/APT	03/05/02
OWN HOME/APT	06/07/03
OWN HOME/APT	05/04/06
OWN HOME/APT	12/14/04
OWN HOME/APT	03/01/02
OWN HOME/APT	08/07/06
OWN HOME/APT	06/21/04
OTH LIV ARR	10/31/02
OWN HOME/APT	07/06/04
OWN HOME/APT	03/27/02

06/01/02
04/22/03
03/05/02
06/07/03
05/04/06
12/14/04
03/01/02
08/07/06
06/22/04
10/31/02
07/07/04
03/27/02

TOTAL DEVP DIS SPC 898 CLIENTS - 12

TOTAL ALL DEVP DIS CLIENTS - 12

CLIENT CHARACTERISTIC1 - PHYS DIS SPC 897

OL [REDACTED] B [REDACTED]	VO [REDACTED] 57	48
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OWN HOME/APT	04/27/04
--------------	----------

04/27/04
----------

TOTAL PHYS DIS SPC 897 CLIENTS - 1

CLIENT CHARACTERISTIC1 - PHYS DIS SPC 898

DO [REDACTED], J [REDACTED]	SO [REDACTED] 16	43
KO [REDACTED] MA [REDACTED]	QO [REDACTED] 46	50
MC [REDACTED], LI [REDACTED]	LO [REDACTED] 67	55
SE [REDACTED] R [REDACTED]	AO [REDACTED] 94	51

BR INJ RHB-HSP	08/28/03
OWN HOME/APT	08/16/06
OWN HOME/APT	09/05/03
OWN HOME/APT	12/22/04

08/28/03
08/16/06
12/15/04
12/23/04

TOTAL PHYS DIS SPC 898 CLIENTS - 4

APNDX - A63



COUNTY CODE : 0  
REPORT ID : LTS015BT  
SEPARATE BY # :  
NAME :

PAGE: 1  
DATE OF RUN: 11/22/06

CLIENT NAME	HSRS CLT ID	EPISODE KEY	CIP2 \$	COPW \$	COP \$	CIP1B CP MCH \$	1BCM\$+ CPW\$ + COP	CBRF TYPE	NEW CLIENT CP MA
AN [REDACTED], EM [REDACTED]	H0928 [REDACTED]	5050 C00 [REDACTED]	0	23309	711	0	24020	506:64	
BE [REDACTED], JA [REDACTED]	C428 [REDACTED]	5160 000 [REDACTED]	0	1440	0	0	1440	506:65	
BR [REDACTED], NE [REDACTED]	P557 [REDACTED]	04160 L00 [REDACTED]	0	26204	0	0	26204	506:64	
CA [REDACTED], JO [REDACTED]	N804 [REDACTED]	0260 U0 [REDACTED]	0	0	0	9537	9537	CBRF 5-8 LICENSED BEDS	
DA [REDACTED], DE [REDACTED]	U191 [REDACTED]	5300 T0 [REDACTED]	23017	0	929	0	929	CBRF 5-8 LICENSED BEDS	Y
ER [REDACTED], BR [REDACTED]	K508 [REDACTED]	6060 P0 [REDACTED]	0	11120	2418	0	13539	506:64	
HA [REDACTED], JO [REDACTED]	R429 [REDACTED]	5050 I0 [REDACTED]	0	22791	916	0	23707	CBRF 5-8 LICENSED BEDS	
HI [REDACTED], BL [REDACTED]	Q229 [REDACTED]	04040 W0 [REDACTED]	0	24235	1469	0	25704	506:64	
ST [REDACTED], HA [REDACTED]	N945 [REDACTED]	3230 B0 [REDACTED]	0	25224	0	0	25224	CBRF 5-8 LICENSED BEDS	
TH [REDACTED], ES [REDACTED]	T346 [REDACTED]	02350 X0 [REDACTED]	0	22854	3124	0	25978	CBRF 5-8 LICENSED BEDS	
TI [REDACTED], MA [REDACTED]	H424 [REDACTED]	23310 Z0 [REDACTED]	0	0	3704	0	3704	CBRF 5-8 LICENSED BEDS	
TU [REDACTED], JO [REDACTED]	J878 [REDACTED]	05360 H [REDACTED]	0	16782	0	0	16782	506:64	

TOTAL NUMBER OF PARTICIPANTS: 12

APNDX - A64

COUNTY CODE : 0  
REPORT ID : LTS015BT  
SEPARATE BY # :  
NAME :

PAGE: 2  
DATE OF RUN: 11/22/06

COUNTY TOTALS

	CIP2 \$	COP-W \$	COP \$	CIP-1B COP MATCH \$	COP-W \$ + CIP1BCPM\$	CIP-1A	CIP-1B
TOTAL CBRF COSTS:	23017	173958	13271	9537	196767	54627	51688
ALL COSTS:	202406	675376	46893	182723	904993	542352	805453
CBRF COSTS/ALL COSTS:	11.4%	25.8%	28.3%	5.2%	21.7%	10.1%	6.4%

\* - INDICATES A DATE WITHIN THE REPORT PERIOD.

00 [REDACTED] CO DEV DIS SERV BD  
FSP SERVICE CLIENT EXPENDITURES REPORT  
REPORTING PERIOD: 01/01/06 - 10/31/06

[illegible]

APNDX - A65

REPORTING UNIT: 30  
REPORT ID: HSRF-F005

30 00  
CO DEV DIS SERV BD  
FSP SERVICE CLIENT EXPENDITURES ENTRY  
REPORTING PERIOD: 01/01/05 - 12/31/05

PAGE: 0001  
RUNDATE: 03/01/06

CLIENT NAME /-----\	CLIENT # /-----\	BIRTH DATE /-----\	EPISODE /-----\	PGM NO /---\	SUB PGM /---\	YR COSTS ON HSRS /-----\	COST CODE A/S/R /-----\	YR COSTS TO BE ENTERED /-----\	CONSIDERED OUT/HOME? /-----\	CRISIS SITUATN? /-----\
BA, SA	R865160	02/2001	G0001	01	K	330				
BE, RH	U5264120	04/1994	V0018	01	D					
				02	G					
BR, SA	M2866160	05/1993	L0266	01	G					
				03	K	917				
				02	P					
CR, JO	S11081260	01/1988	G003	03	D					
				01	K					
				02	L					
DU, JA	E3468320	04/1998	E081	01	B					
				02	L					
				03	P					
FL, AU	Y05843140	09/1994	B0098	01	B					
				03	D					
				02	G					
				04	L					
HA, JA	I3401040	02/2002	I013	04	D	389				
				01	F	953				
				03	G	346				
				02	L	1312				
HE, NI	06016050	03/1996	F002	04	A	195				

APNDX - A66

.&FORMAT  
TOTAL AODA SERVICE ACTIVITY, October,  
REPORT ID: HSR5-6110 (PW0087KJ)

400000 CO HSD  
2006

21:03 Tuesday, October 31, 2006 38

REPORTING UNIT 401300

PROVIDER NAME OR NUMBER	OPEN 12/31/05	YTD-NEW	YTD-CLOSED	OPEN 09/29/06	NEW Oct	CLOSED Oct	OPEN 10/31/06
	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT
HOPE HAVEN INC NORTH BAY	16	6	9	13	0	0	13
NEW DAWN RESIDENTIAL TREATMENT	1	0	0	1	0	0	1
CENTER FOR PREVENTION + INTERVO	63	0	0	63	0	0	63
LUTHERAN SOCIAL SERVICES SHC	1	0	0	1	0	0	1
HOPE HAVEN REBOS UNITED INC HOPE HAVEN	10	19	19	10	0	0	10
LUTHERAN SOCIAL SERVICES LSS-ALCOHO	188	76	113	151	0	0	151
HOPE HAVEN INC COLVIN MAN	18	23	30	11	0	0	11
MENTAL HEALTH CENTER OF DANE CALCOHOL UN	523	77	208	392	0	0	392
MENTAL HEALTH CENTER OF DANE CALCOHOL-CH	226	31	142	115	0	0	115

(Continued)

APNDX - A67

REPORT: A-031A (NO INTOX. DRIVER)  
AGENCY: [REDACTED] CO HSD

40000  
OPEN AODA SPC'S (STARTDATE PRIOR TO 05/01/06 )  
NO UNITS REPORTED FOR LAST 6 MONTHS  
NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

REPORT MONTH: October,

2006

PAGE: 1

FACILITY:  
WORKER:

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE  
IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
AB [REDACTED] MA [REDACTED]	T105-[REDACTED]-0-6010	Z3 [REDACTED] 03	10/31/04	347-[REDACTED] 50	705	10/31/04	01		
AC [REDACTED] LI [REDACTED]	E695-[REDACTED]-0-5020	U2 [REDACTED] 46	05/01/99	395-[REDACTED] 20	603	05/01/99	01		
AC [REDACTED] RI [REDACTED]	0405-[REDACTED]-0-3020	A3 [REDACTED] 18	12/31/04	391-[REDACTED] 62	705	12/31/04	01		
AD [REDACTED] AS [REDACTED]	I265-[REDACTED]-2-2030	F3 [REDACTED] 59	11/13/04	399-[REDACTED] 14	705	11/13/04	01		
AD [REDACTED] S, CO [REDACTED]	D564-[REDACTED]-2-6030	Q3 [REDACTED] 06	03/16/05	303-[REDACTED] 65	703 20	03/16/05	01		
AG [REDACTED] CO [REDACTED]	U260-[REDACTED]-6-6020	T3 [REDACTED] 07	06/08/03	397-[REDACTED] 31	705	06/08/03	01		
AH [REDACTED] S, JU [REDACTED]	X163-[REDACTED]-2-3060	R3 [REDACTED] 71	03/18/05	395-[REDACTED] 72	703 20	03/18/05	01		
AL [REDACTED] JO [REDACTED]	U062-[REDACTED]-3-6040	03 [REDACTED] 504	12/23/02	- -	705	12/23/02	01		
AL [REDACTED] LI [REDACTED]	M387-[REDACTED]-3-3040	K2 [REDACTED] 76	09/01/99	- -	603	09/01/99	01		
AL [REDACTED] RO [REDACTED]	P843-[REDACTED]-5-1040	T28 [REDACTED] 09	09/01/99	- -	603	09/01/99	01		
AL [REDACTED] CH [REDACTED]	K301-[REDACTED]-0-6040	E3 [REDACTED] 10	04/30/01	- -	705	04/30/01	01		
AL [REDACTED] BE [REDACTED]	Z749-[REDACTED]-3-3040	Y3 [REDACTED] 30	03/08/05	393-[REDACTED] 56	703 20	03/08/05	01		
AL [REDACTED] S, JE [REDACTED]	K444-[REDACTED]-6-6040	C3 [REDACTED] 08	12/01/02	394-[REDACTED] 25	705	12/01/02	01		
AL [REDACTED] DE [REDACTED]	U226-[REDACTED]-0-1040	L3 [REDACTED] 11	10/26/01	344-[REDACTED] 00	507 00	10/30/01	01		
AL [REDACTED] EM [REDACTED]	C386-[REDACTED]-5-5040	T2 [REDACTED] 01	09/30/99	- -	603	09/30/99	01		
AL [REDACTED] S, LA [REDACTED]	V626-[REDACTED]-0-6040	M32 [REDACTED] 2	07/23/02	323-[REDACTED] 1	706	09/25/02	05		

APNDX - A68

REPORTING UNIT:  
REPORT: A-032 (PW0087LJ)

SPC PROVIDER: BA  
PROVIDER NUM:05

40 COUNTY HSD  
HSRS 32-T AODA UNITS REPORT

PAGE: 2  
REPORT MONTH: October , 2006

CLIENT NAME	CLIENT NUMBER	SPC	SB PG	TG	SPC STRT DATE	EPISODE KEY	PGM KEY	DA YS	OTHER UNITS	SPC END DATE	END REA	CL ST A F E	WORKERID	FAM ID
BA RO	I731-5160	506	20	18	10/06/00	C2-58	08							0
BA NA	P208-2160	506	20	18	10/07/04	G3-66	03						70	00
BE R	A722-2140	403		18	03/17/03	X3-03	12						7	00
BU R, LE	H871-5160	506	20	04	09/16/02	J2-59	20						94	518
CH, BR	J736-6250	506	20	18	07/31/06	T3-59	05						94	502
DE PA	S536-3-3320	506	20	05	03/31/05	A3-46	03						77	00
DE, HE	V052-5320	506	20	04	04/12/04	C2-94	17						94	519
FA DA	Z671-4-1160	506	20	18	02/20/06	P2-77	17						94	518
FE, WI	F861-7-4140	506	20	04	01/07/04	B3-29	01						94	02
GO DE	T962-7-5260	506	20	18	09/23/05	Z3-63	07						94	2
GR AN	0697-1-5260	506	20	05	03/14/05	J3-17	03						94	501
HO DA	I173-9-6060	506	20	04	06/01/04	H3-61	05						94	501
JA MY	N923-8-6250	506	20	04	10/29/02	E2-56	13						70	000
KI JA	H861-1-5240	506	20	04	07/02/04	T3-77	03						94	16
KI, DI	N355-6-5250	506	20	18	08/01/05	W3-04	06						94	01
KL, JA	K386-1-4350	506	20	18	06/17/05	Z3-79	08							502
LA, MI	X421-1-2450	506	20	18	09/08/06	C3-6	02						70	00

APNDX - A69

REPORT: A-033  
AGENCY: COUNTY HSD

408-00  
CLOSED AODA SPC'S  
WITH NO UNITS REPORTED FOR YEARS

REPORT DATE: 10/31/06  
2005 AND 2006

PAGE: 3

FACILITY: CO MENTAL HEALTH CENTER M. I. ADUL  
WORKER: 0700

ACTION: IF SERVICES WERE PROVIDED, PLEASE ENTER UNITS  
IF NO SERVICES WERE PROVIDED, DELETE SPC

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
BEV DA	P844-5160	M38	08/28/06	389-12	503 70	09/20/06	03	09/23/06	
BL AL	J347-4140	P313	05/25/04	391-106	506 20	04/13/06	09	04/30/06	
CA J	P322-5210	M38	02/28/05	- -	503 70	07/22/05	02	08/18/05	
CA B	B212-5-6260	Z39	08/28/06	- -	703 10	08/28/06	01	08/28/06	
CA LA	Y463-6260	F387	06/29/05	- -	506 20	05/19/06	07	06/01/06	
CO , EM	F833-2-5240	0310	07/28/06	399-174	703 10	07/28/06	02	07/30/06	
DE TY	Z922-0-6310	0380	03/23/06	387-532	703 10	07/27/06	05	07/28/06	
GO S, PA	I902-4250	A320	07/25/06	- -	703 10	07/25/06	01	07/26/06	
HA MI	S173-2040	A354	09/22/06	- -	503 70	09/28/06	02	10/02/06	
HI AR	F114-0-6040	C36	05/05/06	388-61	507 05	06/01/06	02	06/28/06	
KA , EL	B555-4260	H33	07/28/06	- -	703 10	07/28/06	01	07/30/06	
KR , JO	F183-3260	E390	10/07/05	399-6434	507 05	12/01/05	04	12/07/05	
LA D	G888-5410	U316	09/29/06	396-01	703 10	09/29/06	01	10/01/06	
MC , MI	E195-2520	W386	11/28/05	- -	503 70	12/08/05	02	12/21/05	
MO RO	L130-1520	S360	04/28/05	387-07	507 05	06/09/05	03	06/30/05	
MI , NI	K678-2540	T381	10/19/06	- -	703 10	10/19/06	01	10/20/06	

APNDX - A70

.&FORMAT [REDACTED] CO HSD  
REPORT: 6700

6700 [REDACTED] 0 PRINTS:2 FICHE: 0  
HSRS A-700 AODA UNITS REPORT

REPORT YEAR: 2006  
REPORTED AS OF: 10/31/06

AGENCY: [REDACTED] CO HSD

SPC PROVIDER:  
PROVIDER'S #:0000000000

0

PAGE: 1

CLIENT NAME	CLIENT NUMBER	EPIS KEY	MONTHLY UNITS												YTD UNITS
SPC/SUB	START DATE/PG#/END DATE	FAM ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
CH [REDACTED] ST [REDACTED] 106.	R276 [REDACTED] 40 03/30/06 05 08/01/06	R3 [REDACTED] 5	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
CU [REDACTED], CO [REDACTED] 106.	F700 [REDACTED] 5-6250 01/01/06 12 02/17/06	X3 [REDACTED] 9	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
DE [REDACTED] JA [REDACTED] 106.	Y322 [REDACTED] -5340 05/17/06 47 08/01/06	B3 [REDACTED] 51													0.00
106.	08/01/06 48 --/--/--		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
FL [REDACTED] E, RI [REDACTED] 106.	N210 [REDACTED] 2140 08/18/05 03 07/26/06	Y3 [REDACTED] 6	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
FL [REDACTED] ST [REDACTED] 106.	K800 [REDACTED] -3140 10/13/05 10 --/--/--	G3 [REDACTED] 36	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
GR [REDACTED] MA [REDACTED] 104.	X842 [REDACTED] -6260 05/27/04 09 --/--/--	P [REDACTED] 7													0.00
HA [REDACTED] CA [REDACTED] 106.	U986 [REDACTED] 5030 01/25/06 06 04/05/06	H3 [REDACTED] 95	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
104.	05/01/06 08 --/--/--														0.00
MU [REDACTED] MA [REDACTED] 104.	X131 [REDACTED] -6520 02/01/06 41 --/--/--	E3 [REDACTED] 288													0.00
PE [REDACTED], J [REDACTED] 104.	78 [REDACTED] 24-5150 04/26/06 21 --/--/--	Q3 [REDACTED] 46													0.00
PE [REDACTED] NA [REDACTED] 106.	W057 [REDACTED] 2130 07/01/06 02 08/10/06	K3 [REDACTED] 0													0.00

APNDX - A71



.&FORMAT ██████████ CO DEPT OF HUMAN SERV 9325 40 ████████ PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 ██████████ CO DEPT OF HUMAN SERV  
REPORT ID : HSR5-9325 (PW0085EJ) HSR5 32 1 MH UNITS REPORT  
ALL SPCS

PAGE: 1  
LAST DAY OF REPORT MONTH: 10/31/2006

SPC PROVIDER: FAMILY TRAINING PROGRAM  
PROVIDER NUM: 0513700000

CLIENT NAME	CLIENT NUMBER	SPC SUB PGM	SPC STRT DATE	SPC PROVIDER	EPISODE KEY	PGM DAYS	OTHER UNITS	SPC END DATE	END REA	WORKERID
BA ████████, JO ████████	Z273-██████-160	110	03/29/2005	513700000	E0 ████████ 37	04	_____	_____	_____	9 ████████ 0000
CA ████████, NI ████████	R401-██████-2350	110	12/30/2005	513700000	Z0 ████████ 08	02	_____	_____	_____	9 ████████ 00000
MI ████████ BR ████████	E871 ████████-6520	110	07/25/2005	513700000	X0 ████████ 36	02	_____	_____	_____	9 ████████ 00000

APNDX--A72

.&FORMAT [REDACTED] CO HSD

9311 40 [REDACTED] PRINTS:1 FICHE: 0

REPORTING UNIT: 40 [REDACTED] CO HSD

REPORT ID : HSR5-9311 (PW0085GJ) MH-031: OPEN SPCS (STARTDATE PRIOR TO 05/01/2006)

PAGE: 1  
LAST DAY OF RPT MONTH: 10/31/2006

NO UNITS REPORTED FOR LAST 6 MONTHS AND  
NO OTHER SPCS ACTIVE DURING THE SAME PERIOD

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE  
IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	FAMILY ID
AD [REDACTED] RA [REDACTED]	X159-[REDACTED]-1030	F0 [REDACTED] 50	01/17/97	509	01/17/97	01	
AG [REDACTED] DE [REDACTED]	I945-[REDACTED]-5020	W0 [REDACTED] 37	01/01/05	604	01/01/05	01	
		W0 [REDACTED] 37	01/01/05	604	01/01/05	01	
		W0 [REDACTED] 37	01/01/05	203	01/01/05	02	
		W0 [REDACTED] 37	01/01/05	203	01/01/05	02	
AN [REDACTED], EU [REDACTED]	R631-[REDACTED]-2050	I0 [REDACTED] 55	02/18/05	604	02/18/05	01	
		I0 [REDACTED] 5	02/18/05	507 10	05/09/05	03	
AU [REDACTED], JE [REDACTED]	R969-[REDACTED]-5010	I0 [REDACTED] 53	01/03/97	509	01/03/97	01	
		I0 [REDACTED] 53	01/03/97	604	11/18/98	02	
		I0 [REDACTED] 53	01/03/97	506	06/01/00	03	
BA [REDACTED], KE [REDACTED]	M890-[REDACTED]-5160	H0 [REDACTED] 34	01/20/05	503	01/21/05	02	
		H0 [REDACTED] 34	01/20/05	503	01/21/05	02	
		H0 [REDACTED] 34	01/20/05	604	01/20/05	03	
		H0 [REDACTED] 34	01/20/05	604	01/20/05	03	
BA [REDACTED], MA [REDACTED]	Y957-[REDACTED]-6130	C0 [REDACTED] 01	06/18/01	604	06/18/01	01	
		C0 [REDACTED] 1	06/18/01	507	06/22/01	02	
		C0 [REDACTED] 1	06/18/01	615	01/01/02	04	
BE [REDACTED] ST [REDACTED]	C487-[REDACTED]-3120	M0 [REDACTED] 61	04/11/05	604	04/11/05	01	
BE [REDACTED] EV [REDACTED]	I457-[REDACTED]-1120	X0 [REDACTED] 52	01/03/06	507 10	01/03/06	01	
		X0 [REDACTED] 52	01/03/06	507 10	01/03/06	01	
BE [REDACTED], GU [REDACTED]	R454-[REDACTED]-0120	E0 [REDACTED] 55	03/01/00	406	03/01/00	01	
		E0 [REDACTED] 55	03/01/00	406	03/01/00	01	
		E0 [REDACTED] 55	03/01/00	604	03/01/00	02	
		E0 [REDACTED] 55	03/01/00	604	03/01/00	02	
BE [REDACTED] DO [REDACTED]	0990-[REDACTED]-2140	C0 [REDACTED] 11	04/01/97	604	04/01/97	01	
BE [REDACTED] GL [REDACTED]	L687-[REDACTED]-4160	Z00 [REDACTED] 62	09/03/98	604	09/03/98	01	

APNDX - A73

.&FORMAT  
REPORTING UNIT: 9411 203400 PRINTS:1 FICHE: 0  
REPORT ID : HSR5-9411 (PW0085JJ) MH-041: OPEN MH EPISODES  
WITH NO SERVICE LAST 90 DAYS.

PAGE: 1  
LAST DAY OF RPT MONTH: 10/31/2006

ACTION: IF RECEIVING SERVICE, PLEASE ENTER SPC DATA  
IF NO SERVICES WERE EVER PROVIDED, DELETE EPISODE

CLIENT NAME	CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	END DATE	FAMILY ID
BA [REDACTED], JE [REDACTED]	X881-[REDACTED]-6160	N0 [REDACTED] 812	11/11/1997	507	.	01	.	.
BR [REDACTED], WI [REDACTED]	B880-[REDACTED]-4160	B0 [REDACTED] 08	12/13/1996	507	.	01	.	.
BR [REDACTED], SH [REDACTED]	N078-[REDACTED]-4160	C0 [REDACTED] 807	04/16/1993	507	.	01	.	.
CO [REDACTED], ME [REDACTED]	V955-[REDACTED]-4240	P0 [REDACTED] 820	02/20/1992	507	.	01	.	.
EO [REDACTED], JA [REDACTED]	D445-[REDACTED]-5020	K0 [REDACTED] 929	06/20/1995	503	.	02	.	.
GR [REDACTED], CH [REDACTED]	Z881-[REDACTED]-6260	I [REDACTED] 91	10/01/2005	.	.	.	.	.
GR [REDACTED], DA [REDACTED]	L302-[REDACTED]-1260	J [REDACTED] 492	12/14/2003	.	.	.	.	.
GR [REDACTED], SU [REDACTED]	D168-2-[REDACTED]-5260	K0 [REDACTED] 93	08/09/2005	.	.	.	.	.
HA [REDACTED], TE [REDACTED]	H982-2-[REDACTED]-6040	P0 [REDACTED] 98	10/01/2001	.	.	.	.	.
HA [REDACTED], JE [REDACTED]	B162-[REDACTED]-0050	Q0 [REDACTED] 99	11/25/2004	.	.	.	.	.
HE [REDACTED], A [REDACTED]	C128-[REDACTED]-5020	R0 [REDACTED] 500	01/01/2004	.	.	.	.	.
HE [REDACTED], TY [REDACTED]	L113-4-[REDACTED]-4030	S0 [REDACTED] 01	12/20/2002	.	.	.	.	.
HE [REDACTED], JO [REDACTED]	V322-[REDACTED]-1050	T0 [REDACTED] 02	04/05/2003	.	.	.	.	.
HE [REDACTED], E [REDACTED]	0266-[REDACTED]-4050	Q0 [REDACTED] 1	01/08/1998	503	.	05	.	.
HI [REDACTED], LO [REDACTED]	U615-[REDACTED]-6040	Q0 [REDACTED] 5	11/13/1997	507	.	01	.	.
HI [REDACTED], CH [REDACTED]	K003-[REDACTED]-6050	Y0 [REDACTED] 07	09/21/2004	.	.	.	.	.

APNDX - A74

REPORTING UNIT: 40  
REPORT ID : HSRS-9701 (PW0085MJ)

40 COUNTY HSD  
REPORT: MH-700  
MH UNITS REPORT

PAGE: 8  
REPORTED AS OF: 10/31/2006

CLIENT NAME	CLIENT NUMBER	EPI KEY	MONTHLY UNITS												YTD UNITS
SPC/SB/TP	START DATE/PG#/END DATE	FAM ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
HO 509	AA 02 01/09/06 04	U850-6040 D0	0.29	3.65	6.49	0.45	2.50	4.50	6.75	10.50	0.00	0.00	0.00	0.00	35.13
HO 507	CH 10 02/07/06 01	M906-2-6050 X0	0.00	0.00	0.25	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
507	02 02/07/06 02		0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.75
507	20 02 02/07/06 03		0.00												1.00
HO 507	GA 20 02 02/14/06 01	0403-6020 S0	0.00	0.50	0.25	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
507	10 02 08/22/06 02		0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.25
HU 507	TH 20 02 04/01/06 01	X180-0010 I0	0.00	0.00	0.00	2.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
HU 507	CH 20 02 01/11/06 07	F457-6020 Q0	3.00	3.00	4.00	3.00	3.00	1.00	1.00	3.00	0.00	0.00	0.00	0.00	21.00
507	02 01/11/06 08		0.50	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.75
507	10 02 01/11/06 09		0.00	0.00	0.25	0.00	1.25	0.25	0.50	0.50	0.00	0.00	0.00	0.00	2.75
503	10 02 01/03/06 10	01/07/2006	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
507	10 02 01/06/06 11		1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
604	02 08/01/06 12		0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.90	0.00	0.00	0.00	0.00	5.90
503	10 07/28/06 13	08/03/2006													0.00
HU 509	SH 02 01/04/06 03	D733-5030 L0	12.63	10.65	9.04	16.54	13.50	18.25	9.25	14.25	0.00	0.00	0.00	0.00	104.11
503	10 04/24/06 04	04/26/2006													0.00
JA 507	V 20 02 06/07/06 01	I055-4210 I0	0.00	0.00	0.00	0.00	0.00	3.00	3.00	4.00	0.00	0.00	0.00	0.00	10.00
JO 604	KE 02 05/17/06 01	Z755-6250 B0	0.00	0.00	0.00	0.00	2.00	2.50	1.80	0.00	0.00	0.00	0.00	0.00	6.30
507	10 02 06/06/06 02	10/05/2006	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
507	06/06/06 03	10/05/2006													0.00
507	20 06/06/06 04														0.00
JO 507	SH 10/03/06 01	S324-5260 A0													0.00
KL 501	DA 02 01/09/06 01	C467-5240 P0	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

APNDX - A75

.&FORMAT CA [REDACTED] CO DEPT OF HUMAN SERV 98N1 40 [REDACTED] PRINTS:1 FICHE: 0  
REPORTING UNIT: 40 [REDACTED] CO DEPT OF HUMAN SERV  
REPORT ID : HSR5-98N1 (PW0084AJ) MH CONSUMER STATUS INFORMATION WORKSHEET  
NEW EPISODES - CONSUMER SORT

PAGE: 1  
RUNDATE: 31OCT06  
REPORT MM/YY: 10/2006

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RISK	RES ARR	DAILY ACTIV	EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
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BE [REDACTED] DU [REDACTED]				CLIENT ID: E164 [REDACTED] 2160			EPISODE: SO [REDACTED] 39	START DATE: 10/06/06	END DATE:			
-	-	-	-	-	-	-	-	-	-	-	-	-
BI [REDACTED] JE [REDACTED]				CLIENT ID: U12 [REDACTED] 0120			EPISODE: TO [REDACTED] 40	START DATE: 10/05/06	END DATE:			
-	-	-	-	-	-	-	-	-	-	-	-	-
RU [REDACTED] RA [REDACTED]				CLIENT ID: P68 [REDACTED] 2620			EPISODE: [REDACTED] 66	START DATE: 10/12/06	END DATE:			
-	-	-	-	-	-	-	-	-	-	-	-	-

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\*\*\*\*\*THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES \*  
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APNDX - A76

.&FORMAT COUNTY HSD  
REPORTING UNIT: 40  
REPORT ID : HSR5-98U1 (PW0084DJ)

98U1 40 PRINTS:1 FICHE: 0  
COUNTY HSD  
MH CONSUMER STATUS INFORMATION WORKSHEET  
6 MO UPDATE - CONSUMER SORT

PAGE: 1  
RUNDATE: 31OCT06  
REPORT MM/YY: 10/2006

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RISK	RES ARR	DAILY ACTIV	EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
------------	-----------------	-----	--------------	---------------------------------	-----------------	------------	----------------	-----	------------	--------------	--------------	-----------------------

BR	LO		CLIENT ID:	A738	160	EPISODE:	S0	START DATE:	04/26/00	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
ER	TH		CLIENT ID:	G707	06500	EPISODE:	CO	START DATE:	04/13/00	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
FL	KE		CLIENT ID:	J260	1140	EPISODE:	Y0	START DATE:	04/20/04	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
HU	TH		CLIENT ID:	X18	010	EPISODE:	I	START DATE:	04/01/06	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
MO	RI		CLIENT ID:	Y74	2560	EPISODE:	E0	START DATE:	04/10/06	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
PE	JO		CLIENT ID:	X70	0130	EPISODE:	Z0	START DATE:	04/18/06	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
SU	KE		CLIENT ID:	L11	401260	EPISODE:	R01	START DATE:	04/15/01	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
WI	RU		CLIENT ID:	W9	252040	EPISODE:	R0	START DATE:	04/11/06	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-
ZM	DE		CLIENT ID:	P86	01250	EPISODE:	TO	START DATE:	04/20/04	END DATE:	.	
-	-	-	-	-	-	-	-	-	-	-	-	-

APNDX - A77

.&FORMAT [REDACTED] COUNTY HSD  
REPORTING UNIT: 40 [REDACTED]  
REPORT ID : HSR5-98C1 (PW0084GJ)

98C1 40 [REDACTED] PRINTS:1 FICHE: 0  
[REDACTED] COUNTY HSD  
MH CLOSING CONSUMER INFORMATION WORKSHEET  
SORTED BY CONSUMER NAME

PAGE: 1  
RUNDATE: 31OCT06  
REPORT MM/YY: 10/2006

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RES RISK ARR	DAILY ACTIV	EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
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HA [REDACTED]	AL [REDACTED]		CLIENT ID: Z3 [REDACTED]	50	EPISODE: V0 [REDACTED]	2	START DATE: 01/19/06	END DATE: 10/09/06			
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NI [REDACTED]	SA [REDACTED]		CLIENT ID: H8 [REDACTED]	0	EPISODE: U0 [REDACTED]	53	START DATE: 10/20/05	END DATE: 10/03/06			
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\*\*\*\*\*THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES \*  
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APNDX - A78

STATEWIDE ALPHABETIC PROVIDER NUMBER DIRECTORY (EXCLUDES  
FOSTER HOMES) AS OF November 10, 2006

PAGE 1

PROVIDER NAME 1	PROVIDER NAME 2	NUMBER	ACTIVE	PROVIDER TYPE	
ADDRESS	CITY	ZIP	TYPE	AGENCY LICENSE NAME	BDOP IND REQUESTING AGENCY
A & A HEATING INC S4498B RAILROAD AVENUE	VIROQUA, WI	54665	8940620127 NONE	YES	OTHER PURCHASED VERNON COUNTY HSD
A & C GUARDIAN INC W6587 HWY P	CHRIS APEL PARDEEVILLE WI	53954	8940110074 STATE	YES	OTHER PURCHASED COLUMBIA COUNTY HSD
A & J MOBILITY 3405 TRUAX COURT SUITE B	EAU CLAIRE WI	54703	8940180053 NONE	YES	OTHER PURCHASED RUSK COUNTY HSD
A & M TRUSTWORTHY HARDWARE 101 MAIN ST	LA FARGE WI	54639	8940620081 NONE	YES VERNON HSD	OTHER PURCHASED VERNON COUNTY HSD
A & O COUNSELING CENTERS INC 1615 BARTON AVENUE	AODA DAY TRMT WEST BEND, WI	53095	0811700000 STATE	NO	OUTPATIENT FACILITY/SERVICE OFFICE PURCHASED DODGE COUNTY HUMAN SERVICES
A B C CHILD CARE CENTER 102 E CENTRAL ENTRANCE	DULUTH, MN	55811	8040160045 STATE	YES MN DHS	CHILD DAY CARE (STATE LICENSED) PURCHASED DOUGLAS HUMAN SERVICES DEPT
A BETTER CHOICE GROUP HOME 216 W WINNECONNE AVE	WINNEBAGO COUNTY DSS NEENAH WI	54956	0955800000 STATE	YES CFS	GROUP HOME - PROFIT PURCHASED WINNEBAGO COUNTY HSD
A CHILDREN'S GARDEN 7001 HWY 175	ALLENTON WI	53002	8010660014 STATE	YES	CHILD DAY CARE (STATE LICENSED) PURCHASED OZAUKEE CO DEPT OF SOC SERV
A FRIEND WITH A TRUCK 219 E FRANKLIN	PORTAGE WI	53901	8940110078 NONE	YES	OTHER PURCHASED COLUMBIA COUNTY HSD
A GUARDIAN INC PO BOX 653	RHONDA REINHOLD GILLET, WI	54124	8940420012 NONE	YES OCONTO CO	OTHER HSD PURCHASED OCONTO CO HSD
A HELPING HANDS FOSTER HOME 127 W DOUGLAS	KARI & DENNIS MANKUS RICE LAKE, WI	54868	3640030028 COUNTY	YES BARRON CO	ADULT FAMILY HOME HSD PURCHASED POLK COUNTY HSD
A LOVING HOME PO BOX 1405	BROOKFIELD, WI	53008	0975700000 COUNTY	YES WAUKESHA HSD	CBRF - 5-8 RESIDENTS PURCHASED WAUKESHA CO HSD
A M GUARDIANSHIPS INC 9001 HULDA DRIVW	STURTEVANT, WI	53177	8920300014 NONE	YES	OTHER PURCHASED KENOSHA CO COMPREHENSIVE BOARD
A NEW OUTLOOK GROUP HOME 3901 N 60TH ST	NEW HORIZON CENTER MILWAUKEE, WI	53213	0915700000 STATE	NO DCFS	GROUP HOME - CORPORATE, NON-PROFIT PURCHASED R D U
A POSITIVE OUTLOOK 4070 N 51ST BLVD	NEW HORIZON CTR MILWAUKEE, WI	53216	0736800000 STATE	NO	RESIDENTIAL CARE CENTER - PROSTATE NONPROFIT PURCHASED MILWAUKEE CO DSS
A SPLENDICARE HEALTH 3927 W ROOSEVELT DR	GLORIA DIGGS MILWAUKEE, WI	53216	0981100000 STATE	YES	CBRF - 5-8 RESIDENTS PURCHASED MILWAUKEE DEPT OF AGING
A T HOME CARE S54 W30085 FRYATT CT	MUKWONAGO WI	53149	3640670077 COUNTY	YES	ADULT FAMILY HOME PURCHASED WAUKESHA CO HSD

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## APPENDIX B

### COUNTY OF RESIDENCE CODES

001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reserv
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reserv
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

## APPENDIX C

### AGENCY ID CODES

1010	Clark Co DSS	4001	Adams Co HSD
1013	Dane Co DSS	4002	Ashland Co HSD
1015	Door Co DSS	4003	Barron Co HSD
1020	Fond du Lac Co DSS	4004	Bayfield Co HSD
1021	Forest Co DSS	4005	Brown Co HSD
1022	Grant Co DSS	4006	Buffalo Co HSD
1025	Iowa Co DSS	4007	Burnett Co HSD
1030	Kenosha Co DSS	4008	Calumet Co HSD
1031	Kewaunee Co DSS	4009	Chippewa Co HSD
1034	Langlade Co DSS	4011	Columbia Co HSD
1035	Lincoln Co DSS	4012	Crawford Co HSD
1037	Marathon Co DSS	4013	Dane Co HSD
1040	Milwaukee Co DSS	4014	Dodge Co HSD
1043	Oneida Co DSS	4016	Douglas Co HSD
1058	Shawano Co DSS	4017	Dunn Co HSD
1061	Trempealeau Co DSS	4018	Eau Claire Co HSD
1063	Vilas Co DSS	4019	Florence Co HSD
1066	Washington Co DSS	4023	Green Co HSD
1071	Wood Co DSS	4024	Green Lake Co HSD
2010	Clark Co DCP	4026	Iron Co HSD
2013	Dane Co Un Bd	4027	Jackson Co HSD
2015	Door Co DCP	4028	Jefferson Co HSD
2020	Fond du Lac Co DCP	4029	Juneau Co HSD
2021	Forest/Oneida/Vilas Human Service Center	4032	La Crosse Co HSD
2022	Grant and Iowa Co Unified Board	4033	Lafayette Co HSD
2030	Kenosha Co DCP	4036	Manitowoc Co HSD
2031	Kewaunee Co DCP	4038	Marinette Co. HSD
2034	Langlade/Lincoln/ Marathon North Central Comm Servs	4039	Marquette Co HSD
2040	Milwaukee Co CCSB	4041	Monroe Co HSD
2058	Shawano Co DCP	4042	Oconto Co HSD
2061	Trempealeau Co DCP	4044	Outagamie Co HSD
2066	Washington Co CCSA	4045	Ozaukee Co HSD
2071	Wood Co Unified Services	4046	Pepin Co HSD
3035	Lincoln Co DD Board	4047	Pierce Co HSD
3053	Rock Co DD Board	4048	Polk Co HSD
		4049	Portage Co HSD
		4050	Price Co HSD
		4051	Racine Co HSD
		4052	Richland Co HSD
		4053	Rock Co HSD
		4054	Rusk Co HSD
		4055	St Croix Co HSD
		4056	Sauk Co HSD

## APPENDIX C

### AGENCY ID CODES - continued

4057	Sawyer Co HSD
4059	Sheboygan Co HSD
4060	Taylor Co HSD
4062	Vernon Co HSD
4064	Walworth Co HSD
4065	Washburn Co HSD
4067	Waukesha Co HSD
4068	Waupaca Co HSD
4069	Waushara Co HSD
4070	Winnebago Co HSD
4072	Menominee Co HSD
5092	Oneida Tribe
5093	Ho-Chunk Nation DSS
6040	Milwaukee Co Dept on Aging
6516	Douglas Co Health Dept
6526	Iron Co Public Health
6547	Pierce Co Dept of Community Health
6548	Polk Co Health Department
6550	Price County Health Department
8001	Bureau of Developmental Disability Services
8040	Bureau of Milwaukee Child Welfare
8080	Milwaukee Region
8081	Southeastern Region - Waukesha
8082	Southern Region - Madison
8083	Fond du Lac District
8084	Northeastern Region - Green Bay
8086	Western Region - Eau Claire
8087	Wisconsin Rapids District
8088	Northern Region - Rhinelander
8302	Management Information Systems

## APPENDIX D

### STANDARD PROGRAM CATEGORIES

#### 101 CHILD DAY CARE – CRISIS/RESPIRE

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

#### 102 ADULT DAY CARE

The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to: personal care and supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults which are classified within the Daily Living Skills Training Program.

#### 103 RESPITE CARE

The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care which is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider or in those freestanding facilities which primarily serve as respite care centers. Excludes certified child care for the purpose of respite which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a client's case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training which is not directly related to relief for the primary caregiver.

## APPENDIX D

### 104 SUPPORTIVE HOME CARE

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purpose of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

### 106 HOUSING/ENERGY ASSISTANCE

The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

### 107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

## APPENDIX D

### 108 WORK RELATED SERVICES

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision. Management functions which may be performed include, but are not limited to: resource recruitment and development and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

### 110 DAILY LIVING SKILLS TRAINING

The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services which teach parenting skills to parents of children with special parenting needs. Includes the teaching of child rearing skills, training on the preparation and management of a household budget, maintenance and care of the home and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for clients of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care which should be classified under the Supportive Home Care Program.

## APPENDIX D

### 111 FAMILY SUPPORT

The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction. Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy. Includes services and items purchased by caretakers with the approval of the county agency as long as the decision to purchase the service or item is initiated by the client and is consistent with and part of the Family Support Plan even if the services or items would otherwise be classified under other SPCs such as Child Day Care. Excludes the activities of a case manager/service coordinator which should be classified under SPC 604 Case Management/Service Coordination.

### 112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to clients or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing or any other item which is needed by clients for more independent and effective community living. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services.

Excludes the activities of staff who possess bilingual or signing skills functioning in other programs (e.g., psychotherapy by a Spanish speaking therapist in a mental health clinic should be classified as Counseling/Therapeutic Resources).

## APPENDIX D

### 113 CONSUMER EDUCATION AND TRAINING

Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.

### 201 ADOPTIONS

The provision of services to clients involving the screening of adoptive applicants (i.e., families who have applied to adopt a child) for purposes of obtaining permanent substitute legal parents for children legally free for adoption. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes the costs of adoption subsidies as well as stepparent, relative, independent, interstate and foreign adoptions activities. Includes certain pre-adoption activities, such as termination of parental rights, when the purpose is adoption and no other program such as Foster Home or Case Management/Service Coordination is appropriate.

### 202 ADULT FAMILY HOME

The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

### 203 FOSTER HOME

The provision of a loving, caring, and supportive substitute family to children for a short- term period (or long-term in approved situations). Services to clients provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.



## APPENDIX D

### 204 GROUP HOME

The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to clients may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs which are classified as part of the Community Based Care/Treatment Facility Program.

### 205 SHELTER CARE

The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings which serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

### 301 COURT INTAKE AND STUDIES

The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis; and case planning, monitoring, and review. Includes custody studies, mediation and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Chapters 48, 51, 55 Wisconsin Statutes.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.

### 303 JUVENILE REINTEGRATION AND AFTERCARE SERVICES

The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal "supervision", for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff) which should be classified as Restitution. Excludes supervision of children receiving aftercare following release from a correctional institution which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.

## APPENDIX D

### 304 JUVENILE REINTEGRATION AND AFTERCARE SERVICES

The provision of services to residents of juvenile correctional facilities and persons on mandatory release or otherwise released from a juvenile correctional facility for purposes of strengthening family ties, aiding transition from institution to community, and ensuring that any conditions of release are met. Services may include, but are not limited to: case planning, monitoring, review, and referral. Excludes the provision of an alternative living setting which should be classified under an appropriate alternate living standard program category. Also excludes the provision of intensive home and community treatment services when such services are provided by persons other than those responsible for aftercare supervision (e.g., a treatment team) which should be classified under Counseling/Therapeutic Resources.

### 305 RESTITUTION

The provision of services to clients under court order or supervision for purposes of enabling those persons to make restitution or other court ordered payments pertaining to attorney's fees, court costs, community work obligations and victim compensation. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring, and review; referral; and education/training. Includes all services performed by staff specializing in restitution activities. Excludes such services when performed as an integral part of juvenile supervision which should be classified as part of the Juvenile Probation and Supervision Services Program.

### 306 JUVENILE CORRECTIONAL INSTITUTION SERVICES

The provision of services within a secure county juvenile detention facility or within a state juvenile correctional institution to children who are adjudicated delinquents. Services are intended to ensure public safety and must include supervision and dietary considerations. Material benefits include food and housing.

### 401 CONGREGATE MEALS

The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Services may include, but are not limited to: education/training. Provision of food is an essential part of this program. Includes the provision of nutrition education when an integral but subordinate part of this program.

### 402 HOME DELIVERED MEALS

The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Services may include, but are not limited to: transportation. Provision of food is an essential part of this program.

## APPENDIX D

### 403 RECREATION/ALTERNATIVE ACTIVITIES

The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities which enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

### 404 FAMILY PLANNING

The provision of services to enable persons to voluntarily determine their family size and composition. Services may include, but are not limited to: education/training, referral assessment/diagnosis, physical health and laboratory services, and the provision of drugs and items. May include genetic "counseling" to persons with genetically linked disorders and others at risk of giving birth to a child with such disorders. Includes educating parents as to their options on keeping an unborn child or terminating parental rights for the purpose of adoption. Excludes activities related to family planning which are an integral, but subordinate part of other programs (e.g., a referral for family planning which is part of an agency's Information and Referral Program).

### 406 PROTECTIVE PAYMENT/GUARDIANSHIP

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Services which are to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to: case planning, monitoring, and review; and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees and guardians. Excludes services designed primarily to teach money management skills which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption which are part of the Adoptions Program.

## APPENDIX D

### 408 COMMUNITY PREVENTION, ORGANIZATION, AND AWARENESS

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services, which are typically provided to groups at risk, or the community at-large, include but are not limited to: public information, and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials which focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services which are delivered to an agency client which may be part of this client's service or treatment plan. Excludes public information and other services whose main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards and funding sources which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregate meals) or family planning, even if risk reduction is achieved for some individuals.

### 501 CRISIS INTERVENTION

The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions which are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24 hour hot lines, crisis response teams and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific client groups. Excludes services delivered under emergency conditions which are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

## APPENDIX D

### 503 INPATIENT

The provision of treatment services in 24 hour units of an inpatient facility or AODA residential inpatient program in a CBRF to clients for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to, assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations which require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.

### 504 RESIDENTIAL CARE CENTER

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to clients may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

### 505 DD CENTER/NURSING HOME

The provision of services to clients in licensed nursing homes, including Wisconsin's three Centers for the Developmentally Disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug or medical problems which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD Center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

## APPENDIX D

### 506 COMMUNITY BASED CARE/TREATMENT FACILITY

The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug Abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under that Standard Program Category. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs which should be classified under the Inpatient Program. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 82.

### 507 COUNSELING/THERAPEUTIC RESOURCES

The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

## APPENDIX D

### 509 COMMUNITY SUPPORT

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client. Services which must be available although not necessarily provided to each client are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services, assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by **designated** CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

### 510 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)

Comprehensive Community Services (CCS) are certified per the requirements of HFS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under HFS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders and the restoration of a consumer to the highest possible level of functioning and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid.

Services that must be available for consumers are: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual consumer,

## APPENDIX D

- involve direct service,
- address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms,
- be consistent with the individual consumer's diagnosis and symptoms,
- safely and effectively match the individual's need for support and motivational level,
- be provided in the least restrictive, most natural setting to be effective for the consumer,
- not be solely for the convenience of the individual consumer, family, or provider,
- be of proven value and usefulness, and
- be the most economic options consistent with the consumer's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in HFS 36.14 (2). Consumers enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Program (CSP). For CCS recipients, all of the following services must be recorded using the 510 CCS HSRS code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance abuse treatment and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510 CCS code as opposed to other existing service codes. Consumers may receive other services outside of their CCS plan, but these services should continue to be reported to be in HSRS separate from CCS.

### 601 OUTREACH

The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Management functions include: resource recruitment and development. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes Employee Assistance and Student Assistance Program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency clients from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.



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### 602 INFORMATION AND REFERRAL

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of an intake process (e.g., Intake Assessment Program) or when part of other programs.

### 603 INTAKE ASSESSMENT

The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Client assessments include Community Options Program assessments, Intoxicated Driver Program assessments, and Child Abuse and Neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per HSS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general client intake process. Also includes intake activities which occur prior to the establishment of client status. Includes the activities of centralized intake units.

Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

### 604 CASE MANAGEMENT/SERVICE COORDINATION

The provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.

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### 605 ADVOCACY AND DEFENSE RESOURCES

The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services, which may be provided by lay advocates as well as persons with legal training, may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for clients at hearings, the provision of legal advice, legal representation in court, legal research, education and counseling regarding legal rights and responsibilities.

### 606 HEALTH SCREENING AND ACCESSIBILITY

The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring and review; referral; and advocacy. Health screening provided as part of an overall client assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

### 609 CONSUMER DIRECTED SUPPORTS

Consumer directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

- a. Provision of services and supports which assist the person, family or friends to:
  - identify and access formal and informal support systems;
  - develop a meaningful consumer support plan; or
  - increase and/or maintain the capacity to direct formal and informal resources
- b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- c. Development and implementation of person centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- d. Ongoing consultation, community support, training, problem-solving, technical assistance and financial management assistance to assure successful implementation of his/her person centered plan.
- e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

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Services provided under a plan for consumer directed supports may not duplicate any other services provided to the person. Components of the consumer directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

### 610 HOUSING COUNSELING

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

### 615 SUPPORTED EMPLOYMENT

Is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

### 701 TRAINING AND DEVELOPMENT

The performance of management functions in a natural or supportive service setting directed at maximizing the knowledge and skills of individual human services providers. Management functions which may be performed include, but are not limited to: personnel development and consultation/training. Excludes daily living skills training for providers of foster care and adult family homes which is classified as part of the Daily Living Skills Training Program.

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### 702 AGENCY/SYSTEMS MANAGEMENT

The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes public information and other services whose main purpose is administrative such as obtaining public input into agency plans and reports to governing boards and funding sources. Excludes management functions associated directly with any program or other management category.

### 703 DETOXIFICATION – HOSPITAL SETTING AND RECEIVING CENTER

Includes hospital based detoxification programs including those certified as HFS 61.55 emergency care inpatient programs and HFS 61.56 detoxification receiving center programs. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.

### 704 DAY TREATMENT - MEDICAL

A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51(1).

### 705 DOTOXIFICATION – SOCIAL SETTING

A social setting detoxification program provides treatment oriented service which does not include direct medical services as defined under s. HFS 61.58. This nonmedically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.

### 706 DAY CENTER SERVICES – NON-MEDICAL

A day treatment program (DTP) is a nonresidential program in a nonmedically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51 (1).

### 710 SKILLED NURSING SERVICES

Services listed in the plan of care which is within the scope of Wisconsin's Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a Registered Nurse, licensed to practice in the state.

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### 711 RESIDENTIAL CARE APARTMENT COMPLEX

Services provided in a certified community care facility. In conjunction with residing in the facility, this service includes 24 hours on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Care is provided to individuals who reside in their own living units that are separate and distinct from each other. Services delivery must be consumer driven to the maximum extent possible.

### 925 INSTITUTION FOR MENTAL DISEASE

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot Contract.

## APPENDIX E

### HOW TO REQUEST PROVIDER NUMBERS

Provider number requests can be sent via:

E-mail: [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)

FAX: (608) 267-2437

Please include agency name along with a contact name when submitting data.

If you have a question on completing a request, please call the SOS Desk at (608) 266-9198.

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### HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper format to use when requesting provider numbers.

Provider Number		
Facility Name	Willow Oak CBRF	
Operator(s)/Parent Org*		
Address	1210 Willow Oak Ln	
City and State	Fond du Lac, WI	
Zip Code	54935	
County	020	
Provider Type	37	
License	04	
Lic Agy Name*	Lutheran Social Services	
Requesting Agency RU Code	4013	Board Op Facility**
Current Monthly Rate**		Prev Monthly Rate**
Current Daily Rate **		Prev Daily Rate**
Active Prov Ind**		Effective Date**
Date Keyed**		

\* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

\*\* - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

### HOW TO REQUEST A CHANGE IN A PROVIDER NUMBER

Whenever requesting a change in data for a provider **always include the name and provider number.**

Provider Number	364013002	
Facility Name	Lewis Adult Family Home	
Operator(s)/Parent Org*		
Address	7119 Kumba Ct	
City and State	Madison, WI	
Zip Code	53719	
County		
Provider Type		
License		
Lic Agy Name*		
Requesting Agency RU Code	4013	Board Op Facility**
Current Monthly Rate**		Prev Monthly Rate**
Current Daily Rate**		Prev Daily Rate**
Active Prov Ind**		Effective Date**
Date Keyed**		

## APPENDIX E

### HSRS PROVIDER TYPES

- 22 Foster home - children
- 23 Group home - corporate - for profit
- 24 Group home - corporate - nonprofit
- 25 Group home - unincorporated
- 26 Detention facility
- 27 Shelter care facility
- 28 Residential care center - private - for profit
- 29 Residential care center - private - nonprofit
- 30 Residential care center - public
- 31 School for the blind or deaf
- 32 Center for developmentally disabled
- 33 State mental health institute
- 34 Non-state operated psychiatric or specialty hospital
- 35 General hospital
- 36 Adult family home
- 37 CBRF - (5-8 residents)
- 38 CBRF - (9-16 residents)
- 39 CBRF - (17 + residents)
- 40 ICF-MR facility
- 43 Adult day care
- 44 Substitute care parent agencies
- 70 Supportive home care (individual)
- 71 Supportive home care (direct)
- 72 Supportive home care (contract)
- 76 In-home child care (relative)
- 77 In-home child care (nonrelative)
- 78 Family day care (relative)
- 79 Family day care (nonrelative)
- 80 Group center - child day care
- 82 Sheltered employment facility
- 83 Day services (nonmedical) facility
- 84 Day services (medical) facility
- 85 Outpatient facility/service office
- 86 Nursing home
- 87 Transitional living program
- 88 Approved ancillary services – as listed in Allowable Costs Manual
- 89 Other (including respite care and direct grants)

### HSRS LICENSE TYPES

- 00 Not licensed
- 01 Licensed by State of WI
- 02 Licensed\_or certified by a county in WI
- 03 Licensed by State of WI and county certified
- 04 Licensed by a private organization or another state
- 05 Tribal



## APPENDIX E

### COUNTY OF RESIDENCE CODES

001 Adams	029 Juneau	057 Sawyer
002 Ashland	030 Kenosha	058 Shawano
003 Barron	031 Kewaunee	059 Sheboygan
004 Bayfield	032 La Crosse	060 Taylor
005 Brown	033 Lafayette	061 Trempealeau
006 Buffalo	034 Langlade	062 Vernon
007 Burnett	035 Lincoln	063 Vilas
008 Calumet	036 Manitowoc	064 Walworth
009 Chippewa	037 Marathon	065 Washburn
010 Clark	038 Marinette	066 Washington
011 Columbia	039 Marquette	067 Waukesha
012 Crawford	040 Milwaukee	068 Waupaca
013 Dane	041 Monroe	069 Waushara
014 Dodge	042 Oconto	070 Winnebago
015 Door	043 Oneida	071 Wood
016 Douglas	044 Outagamie	072 Menominee
017 Dunn	045 Ozaukee	084 Menominee Indian Reservation
018 Eau Claire	046 Pepin	085 Red Cliff Indian Reservation
019 Florence	047 Pierce	086 Stockbridge Munsee Indian Reservation
020 Fond du Lac	048 Polk	087 Potawatamie Indian Reservation
021 Forest	049 Portage	088 Lac du Flambeau Indian Reservation
022 Grant	050 Price	089 Bad River Indian Reservation
023 Green	051 Racine	091 Mole Lake Indian Reservation
024 Green Lake	052 Richland	092 Oneida Indian Reservation
025 Iowa	053 Rock	094 La Courte Oreilles Indian Reservation
026 Iron	054 Rusk	095 St Croix Indian Reservation
027 Jackson	055 St Croix	303 Out of State
028 Jefferson	056 Sauk	

## APPENDIX E

### HSRS PROVIDER NUMBER REQUEST FORM

Date \_\_\_\_\_ Requester Name \_\_\_\_\_ Agency \_\_\_\_\_

_____	Provider Number
_____	Facility Name
_____	Operator(s)/Parent Organization
_____	Address
_____	City, State
_____	Zip Code
_____	County Code Facility Is Located In
_____	Provider Type
_____	License Type
_____	Licensing Agency Name
_____	Requesting Agency Reporting Unit
_____	Board Operated Facility
_____	Active Provider Indicator (Y or N)

## APPENDIX F

### FORMS

HSRS forms are free of charge and may be ordered by:

- completing a DMT-25 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form,  
OR
- electronically ordered at <http://dhfs.wisconsin.gov/forms/printformsonline.htm>
- printable and word fillable forms are available at  
<http://www.dhfs.wisconsin.gov/HSRS/handbook/HSRSForms.htm>

## HSRS FILE TRANSFER SYSTEM DIRECTIONS

### INTRODUCTION

There is a batch interface to the Human Services Reporting System (HSRS) known as the HSRS File Transfer System (HSRS FTS). It is **NOT** a replacement of the online system, but rather something counties may **choose** to use in place of or in addition to the online system. The system is available to all county agencies as a reporting option. It utilizes the HSRS online processing code and internet file transfer technology to minimize the amount of maintenance required to keep the system operational.

### OVERVIEW

Counties collect data on their own computer system and then generate files for uploading to the HSRS FTS in a standard format, at a frequency that at least fulfills the minimum HSRS reporting requirement. The county staff then log on to a secured internet site using their HSRS Host User ID and Password. Using that site they upload their data to the HSRS Host for processing that evening. The following morning the results of the processing of their file are available on the same site for downloading. The county downloads the results file, which contains both their good (processed) and bad (unprocessed) records. The county then may correct their errors by either generating another file with the corrections made and repeating the process, or by going out to the HSRS online screens and keying the data into the system directly. File transfers may be done on whatever frequency the county wishes, as long as the minimum reporting requirement for the particular Module is met. More frequent processing (monthly or even weekly) is encouraged, especially in the beginning, to keep errors down to a manageable size.

### MODULES

The HSRS FTS will accept files for the following Modules:

CORE

AODA (Alcohol and Other Drug Abuse)

MH (Mental Health)

LTS (Long Term Support)

The HSRS FTS is not available for the Modules below. Therefore counties still need to key data online for these Modules:

FSP (Family Support Program)

B3 (Birth to Three Program)

These Modules were not included because each contains a small number of clients, with limited data elements to be reported.

## **REPORTING FREQUENCIES AND TIMES**

Each Module that may be reported through the HSRS FTS has its own frequency requirements that must be followed as a minimum. However, more frequent reporting is always an option. We especially encourage counties to report more frequently when they first start using the HSRS FTS so that the amount of errors is more manageable. You may report daily if you wish.

The system will allow you to transfer files between 8:00am and 5:00pm Monday through Saturday. This window insures that you will not be submitting a file for processing during one of our batch processing cycles and that any file you submit will be processed the same evening. Since the HSRS is not available on Sundays, neither is uploading files to the HSRS FTS.

## **FILE LAYOUTS AND DEFINITIONS**

In our effort to keep costs down and simplify maintenance to the HSRS FTS, thereby ensuring that the system is available uninterrupted into the future, we will not be duplicating documentation on field definitions. Those definitions and the values for fields can be seen in the HSRS Handbook (either the paper edition or the online edition, which is linked on the HSRS FTS screens). Each file layout follows the corresponding HSRS form fairly closely. Be aware that Screen 18 Optional Data, which is on the bottom of most of our forms has been moved up to an Optional Data Group near the beginning of each record, after the Client Group. The Episode (Next) Review Date is in the Episode Dates Group. We recommend having your HSRS expert work with your IT staff in building the file creation program. Your IT staff should have no problem understanding the record layouts and your HSRS expert will understand the data.

The following suggestions may prove helpful:

- Not all data on the file layouts are required. Refer to either a HSRS form or the Handbook to determine whether the data is required or optional. Optional data is shaded on HSRS forms.
- Always include the HSRS Client ID if known – while not required it insures that duplicate IDs do not get generated.
- Always include the Episode (Module) Key on update records – while not required, it insures that the system will be updating the episode you intend. If not supplied, the system will check for episodes of the correct type that have an Episode Start Date that corresponds to the one on your record.
- Include all information on update records, not just the information that is changing – this insures that we have all the data in the system correctly. While you can get by with less data, the chance for errors and the probability that the HSRS does not contain all the proper data increases.
- Note that all data is alpha-numeric – this means that “numeric” fields such as units should be reported as spaces unless you really wish to put zeroes in the field.
- To add an SPC you would include all the registration data, all the module specific data and then the SPC data.
- Only one SPC is allowed per record. To add a second SPC requires a second record.

- To report units or cost for a service requires entering the registration data, module specific data and SPC specific data, including the units and costs.
- To update a field, submit all data up to that point. So if the field to be updated is in the SPC section, submit the Registration data, the module specific data and the SPC data.
- Errors come back in two parts: ERR-MSG-OTHER and ERR-MSG-SCREEN. ERR-MSG-OTHER contains the field that was in error and ERR-MSG-SCREEN contains the error message from the screen. Please note that while these fields are on the record layouts, they should not be part of your input record. They are returned on the results file records only.
- RU-CODE – this is your 4 digit Reporting Unit Code followed by 00.
- MODULE-TYPE-CODE – this is the Module Type Code for the type of file you are submitting. Module Type Codes are 1 – CORE, 6 – AODA, 9 – MH, and A – LTS. They can also be found on the back of the HSRS Core Deskcard.

## **SYSTEM REQUIREMENTS**

This system was built and tested using Windows NT and Internet Explorer 5.0. While other software may be used, we do not guaranty that the HSRS FTS will work under other configurations. Due to the large number of configurations possible, we will only help counties troubleshoot problems with the functioning of HSRS FTS screens if they are using the configuration above. We will of course help counties with the understanding of requirements and explanation of errors in your Results File no matter what configuration you are using to do the file transfers.

From time to time file layouts need to be changed to reflect changes to the system. It is our intention to give counties at least 6 months notice before new specifications will be implemented. However, when new specifications are implemented, files generated using the old specifications will no longer work and your records will be rejected. Therefore counties wishing to use this method of reporting should be prepared to provide the necessary resources to implement changes in the specifications on a timely basis.

## **CONTACT INFORMATION**

Scott Tews

[tewss@dhfs.state.wi.us](mailto:tewss@dhfs.state.wi.us)

608-266-3318

1 W Wilson St Room 851

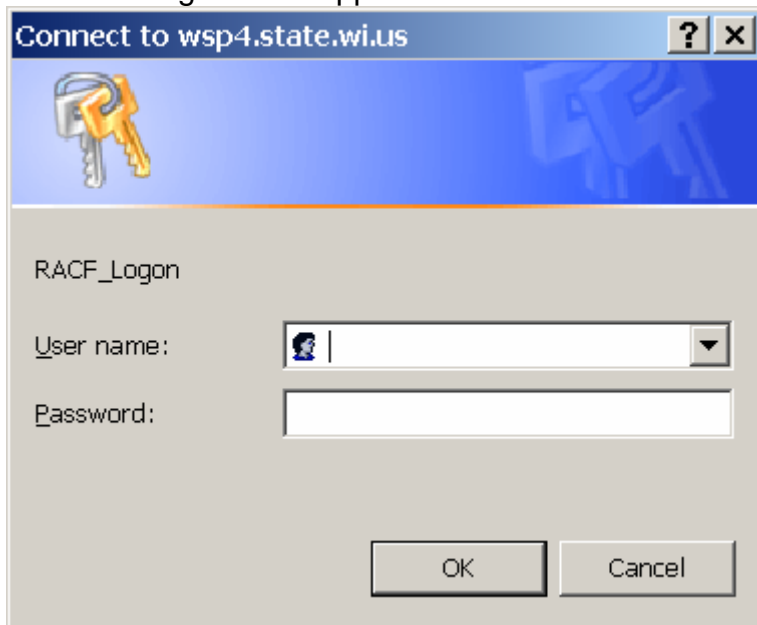
PO Box 7851

Madison WI 53707-7851

## HSRS FTS Sign-In Procedure

To access the **HSRS FTS**, open Internet Explorer and enter:  
<https://wsp4.state.wi.us/hfs/hsrs/File Transfer>  
Press Enter.

The following box will appear:

A screenshot of a Windows-style dialog box titled "Connect to wsp4.state.wi.us". The dialog has a blue header bar with a question mark and close button. Below the header is a blue banner with a key icon. The main area is light gray and contains the text "RACF\_Logon". There are two input fields: "User name:" with a dropdown arrow and a "Password:" field. At the bottom are "OK" and "Cancel" buttons.

Connect to wsp4.state.wi.us

RACF\_Logon

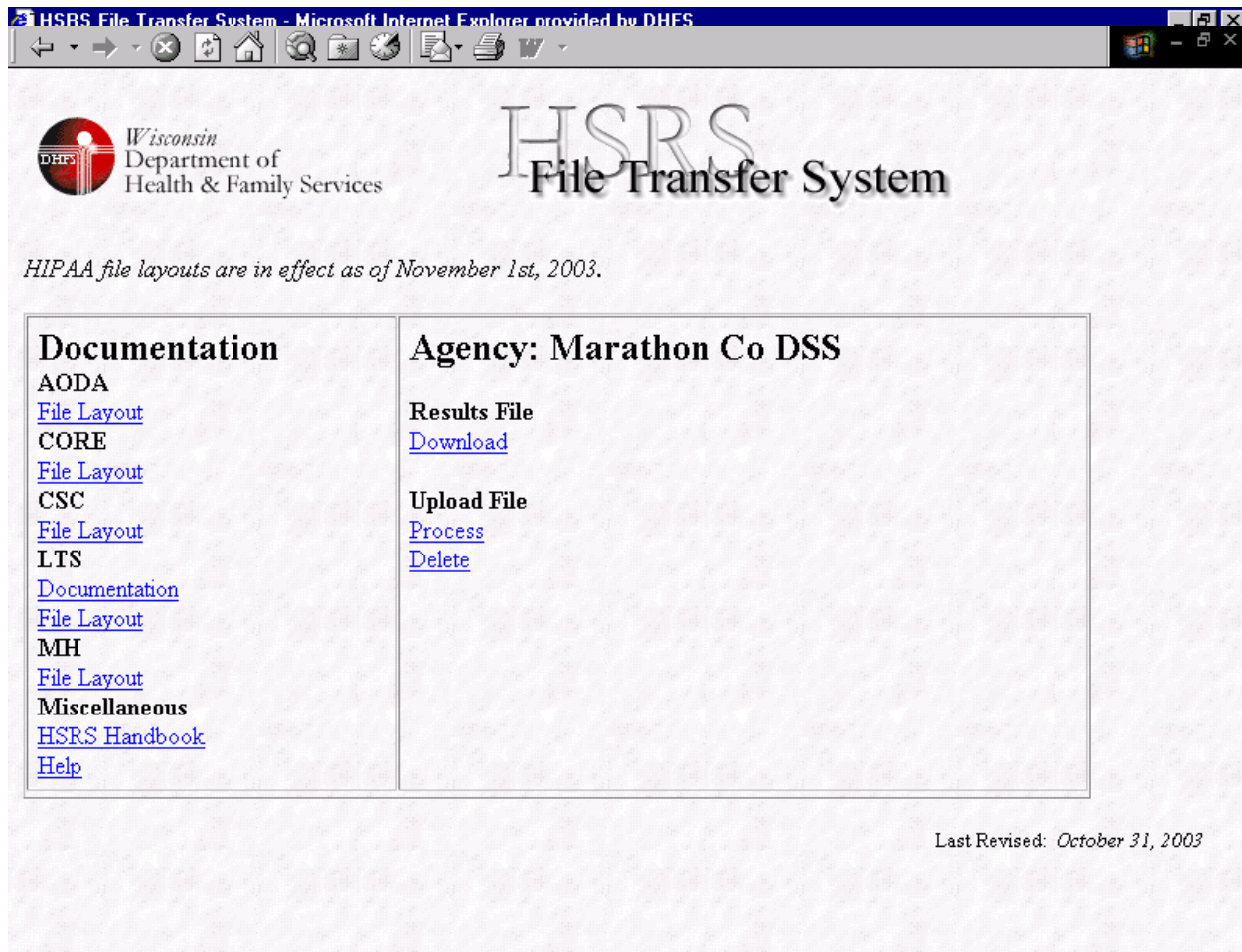
User name:

Password:

OK Cancel

Enter your mainframe User Name (USERID) and Password in the appropriate fields and click OK. This is the same ID you would use to access the HSRS online screens.

## HSRS FTS Main Screen



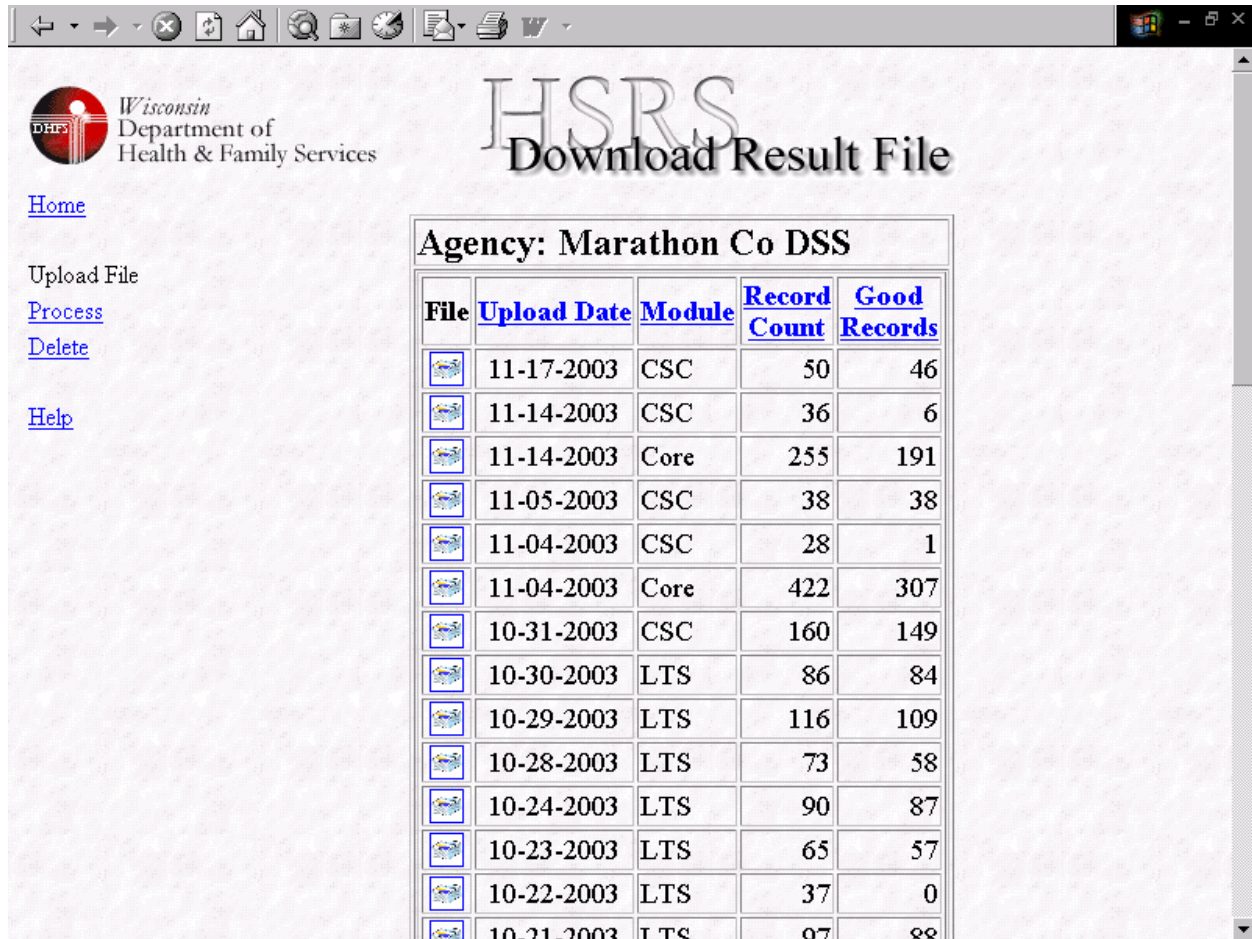
The main screen displays your Agency Name.

The screen provides the following links:















- **Download (Results File)** - use this link to download the Results File(s) from our host to your pc. All files processed within the last 90 days are available, even files previously downloaded. This allows you to download multiple times or to multiple machines or locations.
- **Process (Upload File)** - use this link to upload files from your pc to our host for processing.
- **Delete (Upload File)** - use this link to delete files you uploaded to our host that have not yet been processed. Remember, all files are processed the night they are loaded, so this link is only helpful on the day you upload a file to our host. If you wait until the following day, the file will already be processed.
- **File Layout** – under each module type click on this link to get a copy of the file layout.
- **HSRS Handbook** - use this link to go directly to the Online HSRS Handbook. Useful if you have questions about what values a field should contain.



## HSRS FTS Download Results File Screen



**Agency: Marathon Co DSS**

File	Upload Date	Module	Record Count	Good Records
	11-17-2003	CSC	50	46
	11-14-2003	CSC	36	6
	11-14-2003	Core	255	191
	11-05-2003	CSC	38	38
	11-04-2003	CSC	28	1
	11-04-2003	Core	422	307
	10-31-2003	CSC	160	149
	10-30-2003	LTS	86	84
	10-29-2003	LTS	116	109
	10-28-2003	LTS	73	58
	10-24-2003	LTS	90	87
	10-23-2003	LTS	65	57
	10-22-2003	LTS	37	0
	10-21-2003	LTS	97	88

Any files that have been processed are listed here and may be download to your machine. Files will be available to download for 90 days. Downloading a file does not affect it's availability, it will remain available for 90 days from it's creation date, allowing you to download it as often as you wish, or to various machines if you wish. Downloads may take a while depending on the length of your file. To download the file click on the icon under the File column next to the Upload Date you wish to download and follow the directions.

## HSRS FTS Upload File for Processing Screen

**Wisconsin**  
Department of  
Health & Family Services

# HSRS

## Upload File for Processing

[Home](#)

Upload File

[Delete](#)

Results File

[Download](#)

[Help](#)

<b>Agency: Marathon Co DSS</b>	
<b>Enter file name:</b>	<input type="text"/> <input type="button" value="Browse..."/>
<b>Enter module type:</b>	<input type="text" value="AODA"/>
	<input type="button" value="Submit"/>

Last Revised: October 31, 2003

Use this screen to upload your files to our host for processing. You may enter the file name directly or click the Browse button to browse your machine for the file. You must then click on the down arrow to select the module type you will be uploading. An edit will be performed to check that the module type on the file you upload matches the module type you select on the screen. Click the Submit button to upload your file. This may take a while, depending on the size of your file. Files may only be uploaded to our host from 8:00am until 5:00pm, Monday through Saturday. This will prevent files from being uploaded during our batch processing cycles and insure that your files are processed during the night of the day they were received.

## HSRS FTS Delete Uploaded File Screen

Wisconsin Department of Health & Family Services

# HSRS Delete Uploaded File

[Home](#)

[Results File](#)

[Download](#)

[Upload File](#)

[Process](#)

<b>Agency: Marathon Co DSS</b>
<b>Select file:</b>
No Files Found

**No records found on Upload Table.**

Last Revised: October 31, 2003

Use this screen to delete any files you may have uploaded for processing that you no longer wish to have processed. Each file will be listed and may be selected for deletion. When no more files are waiting for processing, the screen will look like the one above. Remember that files will be processed the night they are uploaded, so this screen is only useful to delete files the day they were submitted.

**CORE RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELD NAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	CORE-RECORD		1	651	651	
2	CORE-UPLOAD-RECORD	GROUP	1	551	551	
3	CORE-RU-CODE	X(6)	1	6	6	
4	CORE-MODULE-TYPE-CODE	X	7	7	1	
5	CORE-CLIENT-ID	X(14)	8	21	14	
6	CORE-MODULE-KEY	X(8)	22	29	8	
7	CORE-DATA-GEN-TEXT	GROUP	30	551	522	
8	CORE-RECORD-DETAIL	GROUP	30	476	447	
9	CORE-CLIENT	GROUP	30	174	145	
10	CORE-CLT-SSN	X(9)	30	38	9	
11	CORE-CLT-MA	X(10)	39	48	10	
12	CORE-WORKER-ID	X(10)	49	58	10	
13	CORE-CLT-NAME	GROUP	59	153	95	
14	CORE-CLT-LN	X(35)	59	93	35	EXPANDED
15	CORE-CLT-FN	X(25)	94	118	25	EXPANDED
16	CORE-CLT-MN	X(25)	119	143	25	EXPANDED
17	CORE-CLT-SUFF	X(10)	144	153	10	EXPANDED
18	CORE-CLT-DOB	GROUP	154	161	8	
19	CORE-CLT-DOB-CCYY	X(4)	154	157	4	
20	CORE-CLT-DOB-MM	XX	158	159	2	
21	CORE-CLT-DOB-DD	XX	160	161	2	
22	CORE-CLT-GENDER	X	162	162	1	
23	CORE-HISP-ORIGIN	X	163	163	1	
24	CORE-CLT-RACE-CD	GROUP	164	168	5	
25	CORE-CLT-RACE-1	X	164	164	1	
26	CORE-CLT-RACE-2	X	165	165	1	
27	CORE-CLT-RACE-3	X	166	166	1	
28	CORE-CLT-RACE-4	X	167	167	1	
29	CORE-CLT-RACE-5	X	168	168	1	
30	CORE-CLT-CHAR	GROUP	169	174	6	
31	CORE-CLT-CHAR-1	XX	169	170	2	
32	CORE-CLT-CHAR-2	XX	171	172	2	
33	CORE-CLT-CHAR-3	XX	173	174	2	
34	CORE-OPTIONAL-DATA	GROUP	175	387	213	
35	CORE-CLT-ADDR	GROUP	175	347	173	
36	CORE-CLT-STREET	X(55)	175	229	55	EXPANDED
37	CORE-CLT-ADDR2	X(55)	230	284	55	NEW
38	CORE-CLT-CITY	X(52)	285	336	52	EXPANDED
39	CORE-CLT-STATE	XX	337	338	2	
40	CORE-CLT-ZIP	GROUP	339	347	9	
41	CORE-CLT-ZIP-5	X(5)	339	343	5	
42	CORE-CLT-ZIP-4	X(4)	344	347	4	
43	CORE-COUNTY	XXX	348	350	3	
44	CORE-CLT-TEL	GROUP	351	360	10	
45	CORE-CLT-TEL-AREA	XXX	351	353	3	
46	CORE-CLT-TEL-PRE	XXX	354	356	3	
47	CORE-CLT-TEL-SUF	X(4)	357	360	4	
48	CORE-DIAGNOSIS	X(6)	361	366	6	
49	CORE-FAMILY-ID	X(7)	367	373	7	



**CORE RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELD NAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
50	CORE-LOCAL-1	X(8)	374	381	8	
51	CORE-LOCAL-2	X(6)	382	387	6	
52	CORE-EPIISODE-DATES	GROUP	388	421	34	
53	CORE-START-DATE	GROUP	388	395	8	
54	CORE-EPS-START-CCYY	X(4)	388	391	4	
55	CORE-EPS-START-MM	XX	392	393	2	
56	CORE-EPS-START-DD	XX	394	395	2	
57	CORE-REVIEW-DATE	GROUP	396	403	8	
58	CORE-EPS-REV-CCYY	X(4)	396	399	4	
59	CORE-EPS-REV-MM	XX	400	401	2	
60	CORE-EPS-REV-DD	XX	402	403	2	
61	CORE-END-DATE	GROUP	404	411	8	
62	CORE-EPS-END-CCYY	X(4)	404	407	4	
63	CORE-EPS-END-MM	XX	408	409	2	
64	CORE-EPS-END-DD	XX	410	411	2	
65	CORE-CLOSE-REASON	XX	412	413	2	
66	CORE-REPORT-DATE	GROUP	414	421	8	NEW
67	CORE-REPORT-CCYY	X(4)	414	417	4	NEW
68	CORE-REPORT-MM	XX	418	419	2	NEW
69	CORE-REPORT-DD	XX	420	421	2	NEW
70	CORE-SPC-DATA	GROUP	422	458	37	
71	CORE-SPC-CODE	XXX	422	424	3	
72	CORE-TARGET-GRP	XX	425	426	2	
73	CORE-DAYS-OF-CARE	XXX	427	429	3	
74	CORE-OTH-UNIT-GROUP	GROUP	430	434	5	
75	CORE-OTH-UNIT	XXX	430	432	3	
76	CORE-OTH-UNIT-DEC	XX	433	434	2	
77	CORE-DELIVERY-DATE	GROUP	435	442	8	
78	CORE-DEL-CCYY	X(4)	435	438	4	
79	CORE-DEL-MM	XX	439	440	2	
80	FILLER	XX	441	442	2	
81	CORE-SPC-DATES	GROUP	443	458	16	
82	CORE-SPC-START-DT	GROUP	443	450	8	
83	CORE-SPC-ST-CCYY	X(4)	443	446	4	
84	CORE-SPC-ST-MM	XX	447	448	2	
85	CORE-SPC-ST-DD	XX	449	450	2	
86	CORE-SPC-END-DT	GROUP	451	458	8	
87	CORE-SPC-END-CCYY	X(4)	451	454	4	
88	CORE-SPC-END-MM	XX	455	456	2	
89	CORE-SPC-END-DD	XX	457	458	2	
90	FILLER	XXXX				REMOVED
91	CORE-PROVIDER-ID	X(10)	459	468	10	
92	CORE-SPC-REV-DT	GROUP	469	476	8	
93	CORE-SPC-REV-CCYY	X(4)	469	472	4	
94	CORE-SPC-REV-MM	XX	473	474	2	
95	FILLER	XX	475	476	2	
96	CORE-LOCAL-USE	X(75)	477	551	75	
97	CORE-ERR-MESSAGE-TEXT	GROUP	552	651	100	
98	CORE-ERR-MSG-OTHER	X(21)	552	572	21	DOWNLOAD ONLY
99	CORE-ERR-MSG-SCREEN	X(79)	573	651	79	DOWNLOAD ONLY

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELD NAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	AODA-RECORD		1	712	712	
2	AODA-UPLOAD-RECORD	GROUP	1	612	612	
3	AODA-RU-CODE	X(6)	1	6	6	
4	AODA-MODULE-TYPE-CODE	X	7	7	1	
5	AODA-CLIENT-ID	X(14)	8	21	14	
6	AODA-MODULE-KEY	X(8)	22	29	8	
7	AODA-DATA-GEN-TEXT	GROUP	30	612	583	
8	AODA-RECORD-DETAIL	GROUP	30	537	508	
9	AODA-CLIENT	GROUP	30	174	145	
10	AODA-CLT-SSN	X(9)	30	38	9	
11	AODA-CLT-MA	X(10)	39	48	10	
12	AODA-WORKER-ID	X(10)	49	58	10	
13	AODA-CLT-NAME	GROUP	59	153	95	
14	AODA-CLT-LN	X(35)	59	93	35	
15	AODA-CLT-FN	X(25)	94	118	25	
16	AODA-CLT-MN	X(25)	119	143	25	
17	AODA-CLT-SUFF	X(10)	144	153	10	
18	AODA-CLT-DOB	GROUP	154	161	8	
19	AODA-CLT-DOB-CCYY	X(4)	154	157	4	
20	AODA-CLT-DOB-MM	XX	158	159	2	
21	AODA-CLT-DOB-DD	XX	160	161	2	
22	AODA-CLT-GENDER	X	162	162	1	
23	AODA-HISP-ORIGIN	X	163	163	1	
24	AODA-CLT-RACE-CD	GROUP	164	168	5	
25	AODA-CLT-RACE-1	X	164	164	1	
26	AODA-CLT-RACE-2	X	165	165	1	
27	AODA-CLT-RACE-3	X	166	166	1	
28	AODA-CLT-RACE-4	X	167	167	1	
29	AODA-CLT-RACE-5	X	168	168	1	
30	AODA-CLT-CHAR	GROUP	169	174	6	
31	AODA-CLT-CHAR-1	XX	169	170	2	
32	AODA-CLT-CHAR-2	XX	171	172	2	
33	AODA-CLT-CHAR-3	XX	173	174	2	
34	AODA-OPTIONAL-DATA	GROUP	175	387	213	
35	AODA-CLT-ADDR	GROUP	175	347	173	
36	AODA-CLT-STREET	X(55)	175	229	55	
37	AODA-CLT-ADDR2	X(55)	230	284	55	
38	AODA-CLT-CITY	X(52)	285	336	52	
39	AODA-CLT-STATE	XX	337	338	2	
40	AODA-CLT-ZIP	GROUP	339	347	9	
41	AODA-CLT-ZIP-5	X(5)	339	343	5	
42	AODA-CLT-ZIP-4	X(4)	344	347	4	
43	AODA-COUNTY	XXX	348	350	3	
44	AODA-CLT-TEL	GROUP	351	360	10	
45	AODA-CLT-TEL-AREA	XXX	351	353	3	
46	AODA-CLT-TEL-PRE	XXX	354	356	3	
47	AODA-CLT-TEL-SUF	X(4)	357	360	4	
48	AODA-DIAGNOSIS	X(6)	361	366	6	
49	AODA-FAMILY-ID	X(7)	367	373	7	
50	AODA-LOCAL-1	X(8)	374	381	8	
51	AODA-LOCAL-2	X(6)	382	387	6	

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELD NAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
52	AODA-EPIISODE-DATES	GROUP	388	413	26	
53	AODA-EPIISODE-START-DATE	GROUP	388	395	8	
54	AODA-EPS-START-CCYY	X(4)	388	391	4	
55	AODA-EPS-START-MM	XX	392	393	2	
56	AODA-EPS-START-DD	XX	394	395	2	
57	AODA-REVIEW-DT	GROUP	396	403	8	
58	AODA-EPS-REV-CCYY	X(4)	396	399	4	
59	AODA-EPS-REV-MM	XX	400	401	2	
60	AODA-EPS-REV-DD	XX	402	403	2	
61	AODA-EPIISODE-END-DATE	GROUP	404	411	8	
62	AODA-EPS-END-CCYY	X(4)	404	407	4	
63	AODA-EPS-END-MM	XX	408	409	2	
64	AODA-EPS-END-DD	XX	410	411	2	
65	FILLER	XX	412	413	2	
66	AODA-CODEP-COLLAT	X	414	414	1	
67	AODA-REF-SRC	XX	415	416	2	
68	AODA-EDUCATION	XX	417	418	2	
69	AODA-FAM-REL	X	419	419	1	
70	AODA-BRIEF-SERV	X	420	420	1	
71	AODA-EMPL-STAT	X	421	421	1	
72	FILLER	X	422	422	1	
73	AODA-CLT-PREG-IND	X	423	423	1	
74	FILLER	XXX	424	426	3	
75	AODA-SPEC-PROJ	X(22)	427	448	22	
76	AODA-REG-LIVING-SITUATION	XX	449	450	2	new, replacing filler fields, right justify zero fill
77	AODA-REG-ARRESTS	XX	451	452	2	new, replacing filler fields, right justify zero fill
78	AODA-SUB-PROBLEMS	GROUP	453	458	6	
79	AODA-SUBSTANCE-1	XX	453	454	2	
80	AODA-SUBSTANCE-2	XX	455	456	2	
81	AODA-SUBSTANCE-3	XX	457	458	2	
82	AODA-SUBST-DISCH	XX	459	460	2	
83	AODA-ADMIN-ROUTE	GROUP	461	463	3	
84	AODA-ADMIN-USUAL-RTE-1	X	461	461	1	
85	AODA-ADMIN-USUAL-RTE-2	X	462	462	1	
86	AODA-ADMIN-USUAL-RTE-3	X	463	463	1	
87	AODA-DRUG-USE-FREQ	GROUP	464	466	3	
88	AODA-DRUG-USE-FREQ-1	X	464	464	1	
89	AODA-DRUG-USE-FREQ-2	X	465	465	1	
90	AODA-DRUG-USE-FREQ-3	X	466	466	1	
91	AODA-AGE-FIRST-USE	GROUP	467	472	6	
92	AODA-AGE-FIRST-USE-1	XX	467	468	2	
93	AODA-AGE-FIRST-USE-2	XX	469	470	2	
94	AODA-AGE-FIRST-USE-3	XX	471	472	2	

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELD NAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
95	AODA-SPC-DATA	GROUP	473	537	61	
96	AODA-SPC-CODE	XXX	473	475	3	
97	AODA-SPC-SUB-CODE	XX	476	477	2	
98	AODA-DIS-LIVING-SITUATION	XX	478	479	2	new, replacing filler fields, right justify zero fill
99	AODA-DIS-ARRESTS	XX	480	481	2	new, replacing filler fields, right justify zero fill
100	AODA-SPC-START-DT	GROUP	482	489	8	
101	AODA-SPC-START-CCYY	X(4)	482	485	4	
102	AODA-SPC-START-MM	XX	486	487	2	
103	AODA-SPC-START-DD	XX	488	489	2	
104	AODA-DELIV-PERIOD	GROUP	490	495	6	
105	AODA-DELIV-CCYY	X(4)	490	493	4	
106	AODA-DELIV-MM	XX	494	495	2	
107	AODA-PROVIDER-ID	X(10)	496	505	10	
108	AODA-DAYS-OF-CARE	XXX	506	508	3	
109	AODA-OTHER-UNITS	X(6)	509	514	6	
110	AODA-SPC-END-DT	GROUP	515	522	8	
111	AODA-SPC-END-CCYY	X(4)	515	518	4	
112	AODA-SPC-END-MM	XX	519	520	2	
113	AODA-SPC-END-DD	XX	521	522	2	
114	AODA-SPC-END-RSN	XX	523	524	2	
115	AODA-CLOSE-STAT-A	X	525	525	1	
116	AODA-CLOSE-STAT-F	X	526	526	1	
117	AODA-CLOSE-STAT-E	X	527	527	1	
118	AODA-TARGET-GROUP	XX	528	529	2	
119	AODA-SPC-REV-DT	GROUP	530	537	8	
120	AODA-SPC-REV-CCYY	X(4)	530	533	4	
121	AODA-SPC-REV-MM	XX	534	535	2	
122	AODA-SPC-REV-DD	XX	536	537	2	
123	AODA-LOCAL-USE	X(75)	538	612	75	
124	AODA-ERR-MESSAGE-TEXT	GROUP	613	712	100	
125	AODA-ERR-MSG-OTHER	X(21)	613	633	21	DOWNLOAD ONLY
126	AODA-ERR-MSG-SCREEN	X(79)	634	712	79	DOWNLOAD ONLY



**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	MH-RECORD		1	742	742	
2	MH-UPLOAD-RECORD	GROUP	1	642	642	
3	MH-RU-CODE	X(6)	1	6	6	
4	MH-MODULE-TYPE-CODE	X	7	7	1	
5	MH-CLIENT-ID	X(14)	8	21	14	
6	MH-MODULE-KEY	X(8)	22	29	8	
7	MH-DETAIL	GROUP	30	642	613	
8	MH-CLIENT	GROUP	30	174	145	
9	MH-CLT-SSN	X(9)	30	38	9	
10	MH-CLT-MA	X(10)	39	48	10	
11	MH-WORKER-ID	X(10)	49	58	10	
12	MH-CLT-NAME	GROUP	59	153	95	
13	MH-CLT-LN	X(35)	59	93	35	EXPANDED
14	MH-CLT-FN	X(25)	94	118	25	EXPANDED
15	MH-CLT-MN	X(25)	119	143	25	EXPANDED
16	MH-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	MH-CLT-DOB	GROUP	154	161	8	
18	MH-CLT-DOB-CCYY	X(4)	154	157	4	
19	MH-CLT-DOB-MM	XX	158	159	2	
20	MH-CLT-DOB-DD	XX	160	161	2	
21	MH-CLT-GENDER	X	162	162	1	
22	MH-CLT-HISP-ORIGIN	X	163	163	1	
23	MH-CLT-RACE-CD	GROUP	164	168	5	
24	MH-CLT-RACE-1	X	164	164	1	
25	MH-CLT-RACE-2	X	165	165	1	
26	MH-CLT-RACE-3	X	166	166	1	
27	MH-CLT-RACE-4	X	167	167	1	
28	MH-CLT-RACE-5	X	168	168	1	
29	MH-CLT-CHAR	GROUP	169	174	6	
30	MH-CLT-CHAR-1	XX	169	170	2	
31	MH-CLT-CHAR-2	XX	171	172	2	
32	MH-CLT-CHAR-3	XX	173	174	2	
33	MH-OPTIONAL-DATA	GROUP	175	387	213	
34	MH-CLT-ADDR	GROUP	175	347	173	
35	MH-CLT-STREET	X(55)	175	229	55	EXPANDED
36	MH-CLT-ADDR2	X(55)	230	284	55	NEW
37	MH-CLT-CITY	X(52)	285	336	52	EXPANDED
38	MH-CLT-STATE	XX	337	338	2	
39	MH-CLT-ZIP	GROUP	339	347	9	
40	MH-CLT-ZIP-5	X(5)	339	343	5	
41	MH-CLT-ZIP-4	X(4)	344	347	4	
42	MH-COUNTY	XXX	348	350	3	
43	MH-CLT-TEL	GROUP	351	360	10	
44	MH-CLT-TEL-AREA	XXX	351	353	3	
45	MH-CLT-TEL-PRE	XXX	354	356	3	
46	MH-CLT-TEL-SUF	X(4)	357	360	4	
47	MH-DIAGNOSIS	X(6)	361	366	6	
48	MH-FAMILY-ID	X(7)	367	373	7	
49	MH-LOCAL-1	X(8)	374	381	8	
50	MH-LOCAL-2	X(6)	382	387	6	
51	MH-EPIISODE-DATES	GROUP	388	413	26	
52	FILLER	X(8)	388	395	8	See footnote
53	MH-REVIEW-DATE	GROUP	396	403	8	
54	MH-EPS-REV-CCYY	X(4)	396	399	4	
55	MH-EPS-REV-MM	XX	400	401	2	
56	MH-EPS-REV-DD	XX	402	403	2	

**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
57	MH-END-DT	GROUP	404	411	8	
58	MH-EPS-END-CCYY	X(4)	404	407	4	
59	MH-EPS-END-MM	XX	408	409	2	
60	MH-EPS-END-DD	XX	410	411	2	
61	FILLER	XX	412	413	2	
62	MH-COM-STA	X	414	414	1	
63	MH-COM-STA-REVIEW-DATE	GROUP	415	422	8	
64	MH-COM-STA-REV-CCYY	X(4)	415	418	4	
65	MH-COM-STA-REV-MM	XX	419	420	2	
66	MH-COM-STA-REV-DD	XX	421	422	2	
67	MH-BRC-TG	X	423	423	1	
68	MH-PRESENTING-PROBLEMS	GROUP	424	429	6	
69	MH-PRES-PB1	XX	424	425	2	
70	MH-PRES-PB2	XX	426	427	2	
71	MH-PRES-PB3	XX	428	429	2	
72	MH-DIAGNOSIS-CODES	GROUP	430	454	25	
73	MH-DIAGNOSIS-IMP1	XXX	430	432	3	
74	MH-DIAGNOSIS-IMP1-DEC	XX	433	434	2	
75	MH-DIAGNOSIS-IMP2	XXX	435	437	3	
76	MH-DIAGNOSIS-IMP2-DEC	XX	438	439	2	
77	MH-DIAGNOSIS-IMP3	XXX	440	442	3	
78	MH-DIAGNOSIS-IMP3-DEC	XX	443	444	2	
79	MH-DIAGNOSIS-IMP4	XXX	445	447	3	
80	MH-DIAGNOSIS-IMP4-DEC	XX	448	449	2	
81	MH-DIAGNOSIS-IMP5	XXX	450	452	3	
82	MH-DIAGNOSIS-IMP5-DEC	XX	453	454	2	
83	MH-CNTY-RES	XX	455	456	2	
84	MH-SOC-SUPP	XX	457	458	2	
85	MH-NUM-CHILDREN	XX	459	460	2	
86	MH-CHILDREN-HOME	XX	461	462	2	
87	MH-VETERN-STATUS	X	463	463	1	
88	MH-REFERRAL-SOURCE	XX	464	465	2	
89	MH-CASE-REV-DT	GROUP	466	473	8	
90	MH-CASE-REV-CCYY	X(4)	466	469	4	
91	MH-CASE-REV-MM	XX	470	471	2	
92	MH-CASE-REV-DD	XX	472	473	2	
93	MH-SPC-CODE	XXX	474	476	3	
94	MH-SPC-SUB-CODE	XX	477	478	2	
95	MH-SPC-START-DT	GROUP	479	486	8	
96	MH-SPC-START-CCYY	X(4)	479	482	4	
97	MH-SPC-START-MM	XX	483	484	2	
98	MH-SPC-START-DD	XX	485	486	2	
99	MH-PROVIDER-NUM	X(10)	487	496	10	
100	MH-UNITS-DAYS	XXX	497	499	3	
101	MH-UNITS-OTHER	GROUP	500	504	5	
102	MH-UNITS	XXX	500	502	3	
103	MH-UNITS-DEC	XX	503	504	2	
104	MH-SPC-END-DT	GROUP	505	512	8	
105	MH-SPC-END-CCYY	X(4)	505	508	4	
106	MH-SPC-END-MM	XX	509	510	2	
107	MH-SPC-END-DD	XX	511	512	2	
108	MH-SPC-CLR	XX	513	514	2	
109	MH-DELIVERY-DT	GROUP	515	522	8	
110	MH-DEL-CCYY	X(4)	515	518	4	
111	MH-DEL-MM	XX	519	520	2	
112	FILLER	XX	521	522	2	

**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
113	MH-SPC-REVIEW-DT	GROUP	523	530	8	
114	MH-SPC-REV-CCYY	X(4)	523	526	4	
115	MH-SPC-REV-MM	XX	527	528	2	
116	FILLER	XX	529	530	2	
117	MH-STATUS-REPORT-DATE	GROUP	531	538	8	
118	MH-STATUS-REPORT-CCYY	X(4)	531	534	4	
119	MH-STATUS-REPORT-MM	XX	535	536	2	
120	FILLER	XX	537	538	2	
121	MH-STATUS-DATA	GROUP	539	567	29	
122	MH-SEVERITY-UPDATE	X	539	539	1	
123	MH-DSMIV-AXISIV	X	540	540	1	
124	MH-DSMIV-AXISV	XX	541	542	2	
125	MH-HEALTH-STATUS	X	543	543	1	
126	MH-HLTH-CARE-APPT1	X	544	544	1	
127	MH-HLTH-CARE-APPT2	X	545	545	1	
128	MH-HLTH-CARE-APPT3	X	546	546	1	
129	MH-SELF-HARM	X	547	547	1	
130	MH-RES-ARRANGE	X	548	548	1	
131	MH-DAILY-ACTIVITY	XXX	549	551	3	
132	MH-EMPLOYMENT	XX	552	553	2	
133	MH-EMPLOY-LEVEL	X	554	554	1	
134	MH-COMMIT-STAT-UPD	X	555	555	1	
135	MH-CRIMINAL-ACTIV	X(4)	556	559	4	
136	MH-FIN-SUPP-1	XX	560	561	2	
137	MH-FIN-SUPP-2	XX	562	563	2	
138	MH-FIN-SUPP-3	XX	564	565	2	
139	MH-FIN-SUPP-4	XX	566	567	2	
140	MH-LOCAL-USE	X(75)	568	642	75	
141	MH-ERR-MESSAGE-TEXT	GROUP	643	742	100	
142	MH-ERR-MSG-OTHER	X(21)	643	663	21	DOWNLOAD ONLY
143	MH-ERR-MSG-SCREEN	X(79)	664	742	79	DOWNLOAD ONLY

**LTS RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	LTS-RECORD		1	678	678	
2	LTS-UPLOAD-RECORD	GROUP	1	578	578	
3	LTS-RU-CODE	X(6)	1	6	6	
4	LTS-MODULE-TYPE-CODE	X	7	7	1	
5	LTS-CLIENT-ID	X(14)	8	21	14	
6	LTS-MODULE-KEY	X(8)	22	29	8	
7	LTS-DETAIL	GROUP	30	578	549	
8	LTS-CLIENT	GROUP	30	174	145	
9	LTS-CLT-SSN	X(9)	30	38	9	
10	LTS-CLT-MA	X(10)	39	48	10	
11	LTS-WORKER-ID	X(10)	49	58	10	
12	LTS-CLT-NAME	GROUP	59	153	95	
13	LTS-CLT-LN	X(35)	59	93	35	EXPANDED
14	LTS-CLT-FN	X(25)	94	118	25	EXPANDED
15	LTS-CLT-MN	X(25)	119	143	25	EXPANDED
16	LTS-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	LTS-CLT-DOB	GROUP	154	161	8	
18	LTS-CLT-DOB-CCYY	X(4)	154	157	4	
19	LTS-CLT-DOB-MM	XX	158	159	2	
20	LTS-CLT-DOB-DD	XX	160	161	2	
21	LTS-CLT-GENDER	X	162	162	1	
22	LTS-HISP-ORIGIN	X	163	163	1	
23	LTS-CLT-RACE-CD	GROUP	164	168	5	
24	LTS-CLT-RACE-1	X	164	164	1	
25	LTS-CLT-RACE-2	X	165	165	1	
26	LTS-CLT-RACE-3	X	166	166	1	
27	LTS-CLT-RACE-4	X	167	167	1	
28	LTS-CLT-RACE-5	X	168	168	1	
29	LTS-CLT-CHAR	GROUP	169	174	6	
30	LTS-CLT-CHAR-1	XX	169	170	2	
31	LTS-CLT-CHAR-2	XX	171	172	2	
32	LTS-CLT-CHAR-3	XX	173	174	2	
33	LTS-OPTIONAL-DATA	GROUP	175	387	213	
34	LTS-CLT-ADDR	GROUP	175	347	173	
35	LTS-CLT-STREET	X(55)	175	229	55	EXPANDED
36	LTS-CLT-ADDR2	X(55)	230	284	55	NEW
37	LTS-CLT-CITY	X(52)	285	336	52	EXPANDED
38	LTS-CLT-STATE	XX	337	338	2	
39	LTS-CLT-ZIP	GROUP	339	347	9	
40	LTS-CLT-ZIP-5	X(5)	339	343	5	
41	LTS-CLT-ZIP-4	X(4)	344	347	4	
42	LTS-COUNTY	XXX	348	350	3	
43	LTS-CLT-TEL	GROUP	351	360	10	
44	LTS-CLT-TEL-AREA	XXX	351	353	3	
45	LTS-CLT-TEL-PRE	XXX	354	356	3	
46	LTS-CLT-TEL-SUF	X(4)	357	360	4	
47	LTS-DIAGNOSIS	X(6)	361	366	6	
48	LTS-FAMILY-ID	X(7)	367	373	7	

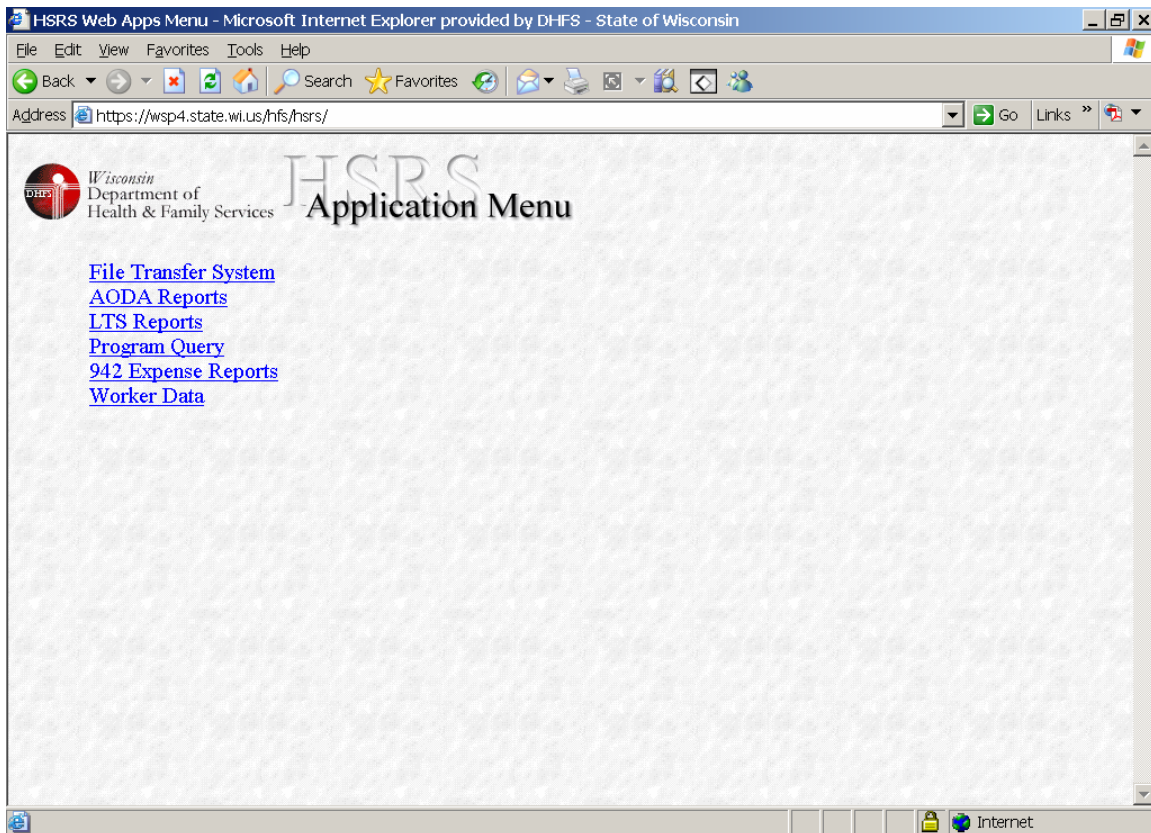
**LTS RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
49	LTS-LOCAL-1	X(8)	374	381	8	
50	LTS-LOCAL-2	X(6)	382	387	6	
51	LTS-EPIISODE-DATES	GROUP	388	413	26	
52	FILLER	X(8)	388	395	8	
53	LTS-REVIEW-DATE	GROUP	396	403	8	
54	LTS-EPS-REV-CCYY	X(4)	396	399	4	
55	LTS-EPS-REV-MM	XX	400	401	2	
56	LTS-EPS-REV-DD	XX	402	403	2	
57	LTS-EPIISODE-END-DT	GROUP	404	411	8	
58	LTS-EPS-END-CCYY	X(4)	404	407	4	
59	LTS-EPS-END-MM	XX	408	409	2	
60	LTS-EPS-END-DD	XX	410	411	2	
61	LTS-CLOSE-REASON	XX	412	413	2	
62	LTS-CARE-LEVEL	X	414	414	1	
63	LTS-MARITAL-STAT	X	415	415	1	
64	LTS-LIVING-ARR-PRIOR	XX	416	417	2	
65	LTS-LIVING-ARR-CURRENT	XX	418	419	2	
66	LTS-LIVING-ARR-PEOPLE	XX	420	421	2	
67	LTS-NAT-SUPP-SRC	X	422	422	1	
68	LTS-RELOCATE-DIVERT	X	423	423	1	
69	LTS-SPC-PROJ-STATUS	XXX	424	426	3	
70	LTS-CNTY-FISC-RESP	XX	427	428	2	
71	LTS-COURT-ORD-PLCMNT	X	429	429	1	
72	LTS-FIN-ELIG-TYPE	X	430	430	1	
73	LTS-FIN-ELIG-IND	X	431	431	1	
74	LTS-SLOT-END-DT	GROUP	432	439	8	
75	LTS-SLOT-END-CCYY	X(4)	432	435	4	
76	LTS-SLOT-END-MM	XX	436	437	2	
77	LTS-SLOT-END-DD	XX	438	439	2	
78	LTS-SPC-CODE	XXX	440	442	3	
79	LTS-SPC-SUB-CODE	XX	443	444	2	
80	LTS-SPC-TARGET-GRP	XX	445	446	2	
81	LTS-TYPE-CODE	X	447	447	1	
82	LTS-FUNDING-SRC	XX	448	449	2	
83	FILLER	X(5)				REMOVED
84	LTS-SPC-DATES	GROUP	450	465	16	
85	LTS-SPC-START-DT	GROUP	450	457	8	
86	LTS-SPC-START-CCYY	X(4)	450	453	4	
87	LTS-SPC-START-MM	XX	454	455	2	
88	LTS-SPC-START-DD	XX	456	457	2	
89	LTS-SPC-END-DT	GROUP	458	465	8	
90	LTS-SPC-END-CCYY	X(4)	458	461	4	
91	LTS-SPC-END-MM	XX	462	463	2	
92	LTS-SPC-END-DD	XX	464	465	2	
93	LTS-PROVIDER-NUM	X(10)	466	475	10	

**LTS RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

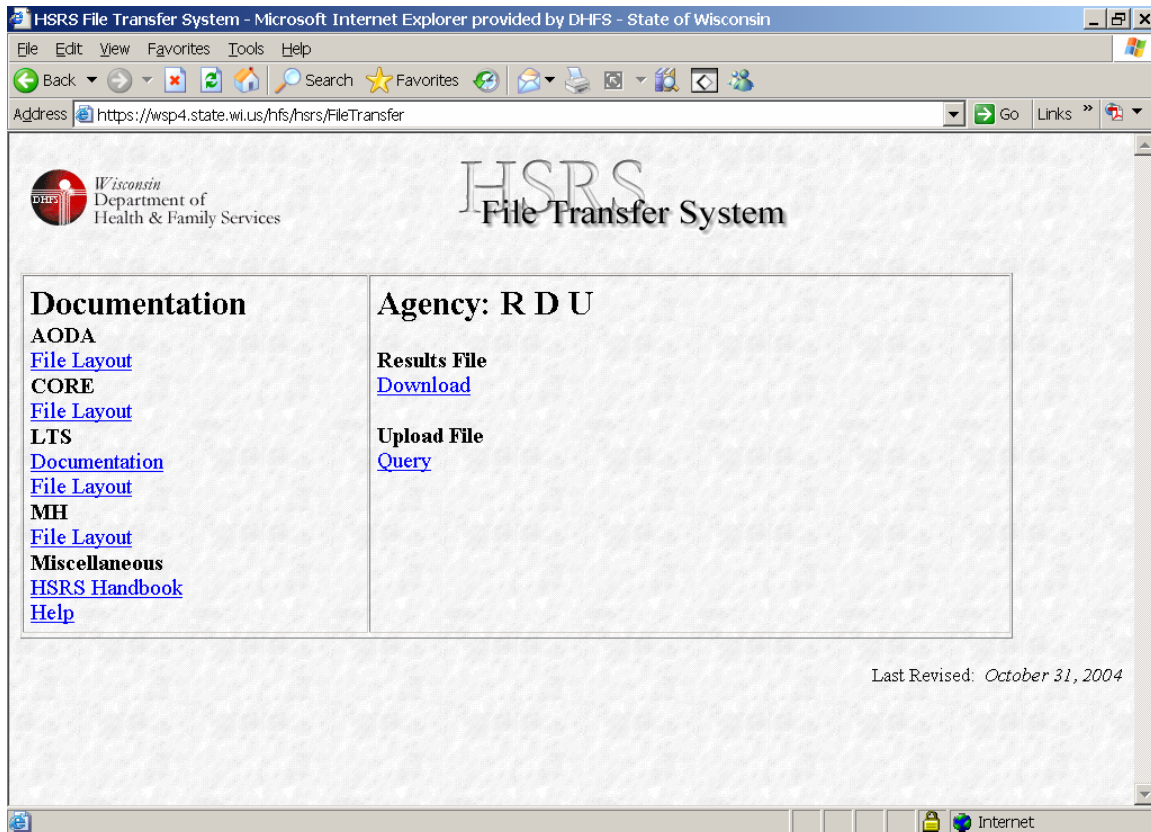
Field #	FIELDNAME	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
94	LTS-NEXT-REV-DT	GROUP	476	483	8	
95	LTS-NEXT-REV-CCYY	X(4)	476	479	4	
96	LTS-NEXT-REV-MM	XX	480	481	2	
97	FILLER	XX	482	483	2	
98	LTS-UNITS	XXX	484	486	3	
99	LTS-UNITS-DEC	X	487	487	1	
100	LTS-COSTS-DOLLAR	X(6)	488	493	6	
101	LTS-COSTS-CENTS	XX	494	495	2	
102	LTS-DELIVERY-DT	GROUP	496	503	8	
103	LTS-DELIVERY-CCYY	X(4)	496	499	4	
104	LTS-DELIVERY-MM	XX	500	501	2	
105	FILLER	XX	502	503	2	
106	FILLER	X(15)				REMOVED
107	LTS-LOCAL-USE	X(75)	504	578	75	
108	LTS-ERR-MESSAGE-TEXT	GROUP	579	678	100	
109	LTS-ERR-MSG-OTHER	X(21)	579	599	21	DOWNLOAD ONLY
110	LTS-ERR-MSG-SCREEN	X(79)	600	678	79	DOWNLOAD ONLY

## APPENDIX H



HSRS APPLICATION MENU – Lists the various web pages available to HSRs users.

## APPENDIX H

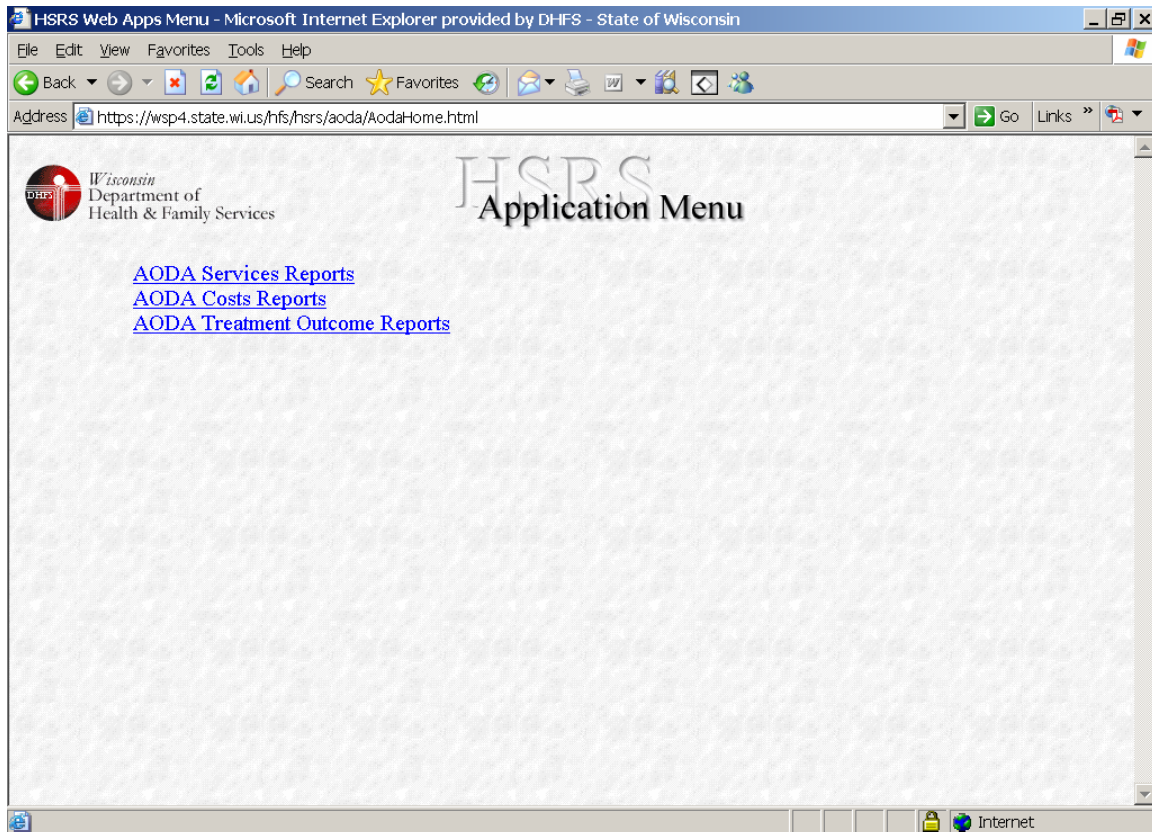


HSRS FILE TRANSFER SYSTEM (FTS) – The FTS allows counties that collect data on their local system to produce an extract file which is then uploaded to the State mainframe for processing. The following State business day a file showing the results may be downloaded. In addition to the upload and the download functions, this screen also provides links to the file layouts for each module type available through FTS, as well as the HSRS Handbook.

## APPENDIX – H2



## APPENDIX H



HSRS AODA SERVICE UTILIZATION REPORT – Allows users to generate on-demand reports for various AODA data elements.

## APPNDX – H3


## APPENDIX H

AODA Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Go Links

Address <https://wsp4.state.wi.us/hfs/hsrcs/AodaReport>

 Wisconsin Department of Health & Family Services

**HSPRS AODA**

[About AODA Reports](#)

### Service Utilization Report

Agency	ALL REPORTING UNITS
Year	2006 Entire Year
Provider	All Providers
Service	101 CHILD DAY CARE - CRISIS/RESPITE 102 ADULT DAY CARE 103 RESPITE CARE
Race/Ethnicity	All Groups
Gender	All
Age	From: To:
Primary Drug	All Drugs
Codependent/Collateral	All Clients
Impaired Driver	All Records

[Service Cost Report](#)  
[Treatment Outcome Reports](#)

Internet

## APPENDIX H

AODA Service Activity Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Go Links

Address <https://wsp4.state.wi.us/hfs/hsrs/AodaHome>

Wisconsin Department of Health & Family Services

HSRS AODA

Service Utilization Report  
Service Cost Report  
Treatment Outcome Reports

11/27/2006

### HSRS AODA Service Utilization Report

DANE COUNTY  
2005 Entire Year  
Service: 506 COMMUNITY BASED RESIDENTIAL FACILITY(AODA-NON-CER)

Admissions, Discharges, Carry-Overs and Units by Provider

SERVICE	Carried Over Prior to 2004	Carried Over From 2004	Admissions 2005	Terminations 2005	Carried Forward	Units of Service 2005	Clients No Units Reported 2005	Clients Units Reported 2005
PROVIDER								
COMMUNITY BASED RESIDENTIAL FACILITY(AODA-NON-CER 506								
HOPE HAVEN REBOS UNITED INC 0674600000	0	2	0	2	0	0.0	<a href="#">2</a>	0
HOPE HAVEN INC 0711800000	1	5	0	6	0	0.0	<a href="#">6</a>	0
HOPE HAVEN INC 0726700000	0	13	0	13	0	0.0	<a href="#">13</a>	0
TELLURIAN UCAN INC	0	4	0	4	0	0.0	<a href="#">4</a>	0

Done Internet


## APPENDIX H

AODA Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Home W Links

Address <https://wsp4.state.wi.us/hfs/hhrs/CostsReport> Go

 Wisconsin Department of Health & Family Services

**HSPRS AODA**

[About AODA Reports](#)

### Service Cost Report

Agency

Year

Service

[Service Utilization Report](#)

[Treatment Outcome Reports](#)

v 3.0  
Rev. 09/06/2005

Done Internet

## APPENDIX H

AODA Treatment Cost Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Address: <https://wsp4.state.wi.us/hfs/hsrs/CostsHome>

Wisconsin Department of Health & Family Services

**HSRS AODA**

[Service Utilization Report](#)  
[Service Cost Report](#)  
[Treatment Outcome Reports](#)

**HSRS AODA Treatment Service Cost Report** 11/27/2006  
**DANE COUNTY**  
**2005**

Admissions, Units of Service, and Costs

SERVICE CLUSTER & DETAIL	Clients without Units	Clients with Units	Clients Discharged	2005 Units	Average Units for Discharges	Expenses All Sources	Estimated Unit Cost	Estimated Client Cost
100 CHILD DAY CARE - CRISIS RESPITE						0		
104 SUPPORTIVE HOME CARE						0		
107 SPECIALIZED TRANSPORTATION & ESCORT						0		
200 ACCESS OUTREACH & PREVENTION						647265		
300 COMMUNITY LIVING/SUPPORT SERVICES						957742		
400 INVESTIGATIONS								

Done Internet


## APPENDIX H

AODA Treatment Outcome Reports - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Go Links

Address <https://wsp4.state.wi.us/hfs/hhrs/ProviderList>

 Wisconsin Department of Health & Family Services

**HSPRS AODA**

[About AODA Reports](#)

### AODA Treatment Outcome Reports

Provider list and Service list have been refreshed for ALL Counties for the year 2005.

Report	TREATMENT COMPLETION
Agency	ALL REPORTING UNITS
Year	2005 Entire Year
Provider	All Providers
Service	503 50 MEDICALLY MANAGED INPATIENT 503 60 MEDICALLY MONITORED HOSPITAL TREATMENT 503 70 MEDICALLY MONITORED CBRF TREATMENT
Race/Ethnicity	All Groups
Gender	All
Age	From: To:
Primary Drug	All Drugs
Codependent/Collateral	All Clients
Impaired Driver	All Records

Query

[Service Utilization Report](#)  
[Service Cost Report](#)

Done Internet

## APPENDIX H

AODA Treatment Outcome Report - Treatment Completion - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Address: https://wsp4.state.wi.us/hfs/hsrs/OutcomeHome

Wisconsin Department of Health & Family Services

HSRS AODA

Service Utilization Report  
Service Cost Report  
Treatment Outcome Reports

11/27/2006

### HSRS AODA Treatment Outcome Report - Treatment Completion

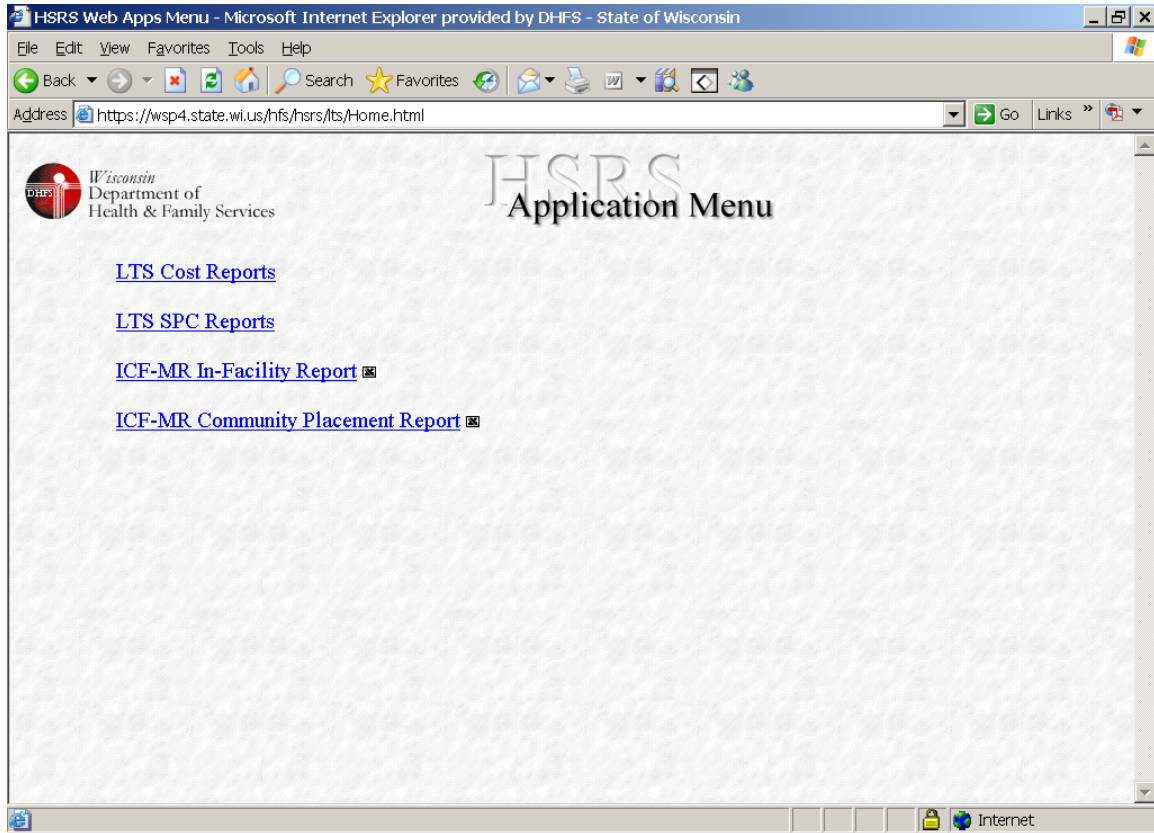
DANE COUNTY  
2005 Entire Year  
Service: 507 00 OUTPATIENT, REGULAR

Percent of Consumers Completing Services With Improvement  
By Service and Provider

SERVICE PROVIDER	Discharges	Missing Data	Completing With Improvement	
			Number	Percent
<b>OUTPATIENT, REGULAR 507 00</b>				
LUTHERAN SOCIAL SERVICES 0693003000	137	0	118	86%
MENTAL HEALTH CENTER OF DANE C 0712302000	223	0	113	51%
MENTAL HEALTH CENTER OF DANE C 0712304000	320	0	239	75%
MENTAL HEALTH CENTER OF DANE C 0712305000	136	0	48	35%

Done Internet

## APPENDIX H



LONG TERM SUPPORT – Allows users to generate on-demand reports.

APNDX – H10




## APPENDIX H

LTS Cost Report Selection - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address <https://wsp4.state.wi.us/hfs/hsrs/LtsWaiverReport> Go Links

 Wisconsin Department of Health & Family Services

**HSRS LTS**

### LTS Cost Report

Year

Agency

Waiver

- 1 CIP 1A
- 2 CIP II
- 3 COP - WAIVER
- 4 CIP 1B
- 6 BIW
- 7 COP
- 8 CIP 1B - LOCAL MATCH SLOT
- B BIW - LOCALLY MATCH
- F CHILD'S AUTISM - DD
- G CHILD'S AUTISM - MH

[LTS Reports](#)

ver 1.1  
Rev. 03/03/2006

Done Internet

## APPENDIX H

LTS Cost Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Address: https://wsp4.state.wi.us/hfs/hsrs/LtsHome

Wisconsin Department of Health & Family Services

HSRS LTS

LTS Cost Report 11/27/2006

RACINE CO HUMAN SERVICES DEPT 2006

Clients, Days of Service, and Costs

Waiver Type Funding Source	Unduplicated Clients	Costs(Net) \$	Days	Costs/Day \$
1 CIP 1A	63	2,289,821	16,864	135.78
2 CIP II	103	1,205,805	25,470	47.34
NOT APPLICABLE	102	1,205,055	25,373	47.49
ND null	1	750	97	7.73
3 COP - WAIVER	181	1,051,860	31,212	33.70
4 CIP 1B	56	1,425,706	14,581	97.78
6 BIW	4	179,419	1,062	168.94
7 COP	246	854,896	18,094	47.25
8 CIP 1B - LOCAL MATCH SLOT	197	2,508,513	50,078	50.09
CA COMMUNITY AIDS MATCH	144	1,645,974	36,843	44.68
CP COP MATCH	53	862,539	13,235	65.17
F CHILD'S AUTISM - DD	20	116,122	2,265	51.27
G CHILD'S AUTISM - MH	46	658,704	9,938	66.28
H COP - WAIVER - DD	1	20,111	211	95.31

Done Internet


## APPENDIX H

LTS SPC Costs/Unit - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Go Links

Address <https://wsp4.state.wi.us/hfs/hhrs/SpcWaiverReport>

 Wisconsin Department of Health & Family Services

**HSRS LTS**

### LTS SPC Report Costs/Unit

Year:

Agency:

Waiver:   
1 CIP 1A  
2 CIP II  
3 COP - WAIVER  
4 CIP 1B

SPC:

[LTS Reports](#)

ver 1.1  
Rev. 03/03/2006

Done Internet

## APPENDIX H

LTS SPC Costs/Unit Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Address: <https://wsp4.state.wi.us/hfs/hhrs/SPCHome>

Wisconsin Department of Health & Family Services

HSRS LTS

**LTS SPC Report** 11/27/2006  
**Costs/Unit**  
**JUNEAU COUNTY HSD**  
**2005**  
**1 CIP 1A**

Costs, Days and Units of Service by SPC

Standard Program Category	Unduplicated Clients	Costs (Gross) \$	Days	Costs/Day \$	Units	Costs/Unit \$
10322 RESIDENTIAL RESPITE	2	10,258	730	14.05	120.00	85.48
10399 RESPITE CARE - OTHER	2	1,689	423	3.99	382.00	4.42
10412 SHC-SUPERVISION SERVICES/DAYS	2	114,728	730	157.16	730.00	157.16
10603 HOUSING START-UP	2	1,543	104	14.83	4.00	385.68
10740 SPECIALIZED TRANSPORTATION & ESCORT	1	2,168	365	5.94	162.00	13.38
108 WORK RELATED SERVICES	3	25,315	1,064	23.79	3,093.40	8.18
20201 ADULT FAMILY HOME 1-2 BEDS	2	53,760	730	73.64	730.00	73.64
20202 ADULT FAMILY HOME 3-4 BEDS	6	351,493	2,158	162.88	2,129.30	165.07
604 CASE MANAGEMENT	10	13,020	3,525	3.69	744.00	17.50

Done Internet


## APPENDIX H


ICF-MR In-Facility Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address <https://wsp4.state.wi.us/hfs/hsrs/ICFMr?reportName=inFacility&type=normal> Go Links

 Wisconsin Department of Health & Family Services

 HSRS LTS

### ICF-MR In-Facility Report

County

[ICF-MR Reports](#)

Rev. 06/31/2006

Done Internet


## APPENDIX H

In Facility Report-By Year - Microsoft Internet Explorer provided by DHFS - State of Wisconsin


File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <https://wsp4.state.wi.us/hfs/hsrs/InFacilityQuery> Go Links



Wisconsin  
Department of  
Health & Family Services



HSRSLTS

11/27/2006

### ICF-MR In-Facility Report BROWN COUNTY

Patient Days, NATs, and Deaths by County

Reporting Year	Patient Days	NATs	Deaths
<a href="#">2005</a>	27733	4	4
<a href="#">2006</a>	5799	1	3
County Totals	33532	5	7

[In Facility Query](#)

Rev. 06/28/2006

Done Internet


## APPENDIX H

ICF-MR In-Facility Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

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Address <https://wsp4.state.wi.us/hfs/hsrs/ICFMr?reportName=communityPlacement&type=normal> Go

 Wisconsin Department of Health & Family Services

**HSRS LTS**

### ICF-MR Community Placement Report

County

[ICF-MR Reports](#)

Rev. 06/30/2006

Done Internet



## APPENDIX H

ICF-MR Community Placement Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

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Address <https://wsp4.state.wi.us/hfs/hsrs/CommPlacementQuery> Go Links


 Wisconsin Department of Health & Family Services
 
 11/27/2006

### ICF-MR Community Placement Report OUTAGAMIE COUNTY

Clients and Community Days by County

Reporting Year	2005 to Present Unduplicated Clients	Programs	Clients Served	Community Days	Returned to Care DD Level	Returned to Care NAT	Deaths
<a href="#">2005</a>	15	Programs	15	2129	0	0	2
		Family Care	0	0	0	0	0
		PACE/Partnership	0	0	0	0	0
		CIP1B	15	2129	0	0	2
<a href="#">2006</a>	23	Programs	8	5716	0	0	1
		Family Care	0	0	0	0	0
		PACE/Partnership	0	0	0	0	0
		CIP1B	8	5716	0	0	1
<b>County Totals</b>			<b>23</b>	<b>7845</b>	<b>0</b>	<b>0</b>	<b>3</b>

[Community Placement Query](#)

Done Internet



## APPENDIX H

HSRS SPC Maintenance - Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Address: <https://wsp4.state.wi.us/hfs/hsrs/SpQuery>

**HSRS Program Query**

[Add HSRs SPC](#)  
[Add HIPAA code](#)

Query by Module  
Core

Program	HIPAA	Translation	Units	Costs	Description
<a href="#">100</a>	No		None	No	CHILD DAY CARE - CRISIS/RESPITE
<a href="#">101</a>	No		None	No	CHILD DAY CARE - CRISIS/RESPITE
<a href="#">102</a>	No		None	No	ADULT DAY CARE
<a href="#">103</a>	No		None	No	RESPITE CARE
<a href="#">104</a>	No		None	No	SUPPORTIVE HOME CARE
<a href="#">106</a>	No		None	No	HOUSING/ENERGY ASSISTANCE
<a href="#">107</a>	No		None	No	SPECIALIZED TRANSPORTATION AND ESCORT
<a href="#">108</a>	No		None	No	WORK RELATED SERVICES
<a href="#">110</a>	No		None	No	DAILY LIVING SKILLS TRAINING
<a href="#">111</a>	No		None	No	FAMILY SUPPORT
<a href="#">112</a>	No		None	No	INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

HSRS PROGRAM QUERY – Allows all users to view SPC code descriptions and HIPAA equivalents by module.

## APPENDIX H

The screenshot shows a web browser window titled "HSRS 942 Expense Reporting - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar shows the URL "https://wsp4.state.wi.us/hfs/hsrs/F942\_943". The page content includes the Wisconsin Department of Health & Family Services logo and the title "Human Services Reporting System Expense Report For Human Service Programs DDE-942". Below the title, there are four input fields: "Reporting Unit" with a dropdown menu showing "Report Status", "Form ID" with a dropdown menu showing "942", "Report Period" with a dropdown menu showing "January - December", and "Report Year" with a text input field showing "2005". A "Display Form" button is located below these fields. A "Help" link is visible in the bottom right corner of the page content. The browser's status bar at the bottom shows "Done" and "Internet".

HSRS 942 Expense Reporting - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

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Address [https://wsp4.state.wi.us/hfs/hsrs/F942\\_943](https://wsp4.state.wi.us/hfs/hsrs/F942_943) Go Links

Wisconsin Department of Health & Family Services

**Human Services Reporting System**  
Expense Report  
For Human Service Programs  
DDE-942

Reporting Unit

Form ID

Report Period

Report Year

[Help](#)

Done Internet

HSRS 942 EXPENSE REPORT – Used by counties to report the 942 expense data on an annual basis. January – December expenditures are due March 25<sup>th</sup> of the following year.

## APPENDIX H

The screenshot shows a web browser window titled "HSRS Worker Table - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar displays "https://wsp4.state.wi.us/hfs/hsrs/WorkerFile". The page content includes the Wisconsin Department of Health & Family Services logo, the title "Human Services Reporting System Worker Data", and a search form with the following fields: "Worker Number:", "Last Name:", "First Name:", "MI:", "Suff:", and "Supvisr/Unit-Code:". A "Search" button is located below the form. The version information "v 2.0 Rev. 07/07/2004" is displayed in the bottom left corner. The browser's status bar at the bottom shows "Done" and "Internet".

HSRS Worker Table - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

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Address <https://wsp4.state.wi.us/hfs/hsrs/WorkerFile> Go Links

Wisconsin Department of Health & Family Services

HSRS Menu

### Human Services Reporting System Worker Data

Worker Number:

Last Name:

First Name:  MI:  Suff:

Supvisr/Unit-Code:

v 2.0  
Rev. 07/07/2004

Done Internet

HSRS WORKER DATA – Used to inquire worker numbers. All workers in a reporting unit can be found by entering the first five digits. (Example 94005)